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CANADA MEDICAL RECORD:

A Monthly Journal of Medicine, Surgery and Pharmacy.



EDITOR:

FRANCIS WAYLAND CAMPBELL, M.A., M.D., L.R.C.P. LONDON,

Consulting Physician Montreal Dispensary, Attending Physician Women's Hospital.

EDITOR PHARMACEUTICAL DEPARTMENT:

ALEXANDER H. KOLLMYER, M.A., M.D.,

Professor of Materia Medica and Therapeutics, Bishops' University.

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LIST OF CONTRIBUTORS, VOL. VII.:

W. E. Bessey, M.D., Montreal.
Carr H. Roberts, L.R.C.P. Lond., London, Eng.
A. Laphorn Smith, M.D., M.R.C.S. Eng., Montreal.
Richard A. Kennedy, M.A., M.D., Montreal.
Thos. H. Gage, M.D., Worcester, Mass.
Aaron Ansell, C.M., M.D., Falmouth, Jamaica.
Thomas A. Rodger, M.D., Montreal.

George Wilkins, M.D., M.R.C.S. Eng., Montreal.
George W. Nelson, M.S., Montreal.
Thomas Johnson Alloway, M.D., M.R.C.S. Eng., Montreal.
J. F. T. Jenkins, C.M., M.D., Brantford, Ont.
Casey A. Wood, C.M., M.D., Montreal.
Francis W. Campbell, M.D., L.R.C.P. Lond., Montreal.
Andrew Clarke, M.D., F.R.C.P. Lond., London, England.

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CONTENTS TO VOLUME VII.

ORIGINAL COMMUNICATIONS.

Address of John Duff Macdonald, M.D., L.R.C.S., Edinburgh, President of the Canada Medical As- sociation, delivered at the twelfth annual meeting held at London, O.....	310
Animal Vaccination, by Dr. W. E. Bessey, Montreal.	85
Cases in Practice, by Carr H. Roberts, L.R.C.P.L., of London, England.....	253
Chorea—Pathology and Treatment, by Dr. A. Lap- thorn Smith, Montreal.....	200
Extra Uterine Pregnancy, Case of, by Richard A. Ken- nedy, M.D., Montreal.....	65
Intussusception, Case of, involving the whole of the large intestine, occurring in an infant, by E. D. Worthington, M.D., F.R.C.S.....	309
Midwifery and Gynæcology, Report on, read before the Canada Medical Association, London, by J. Algernon Temple, M.D.....	313
Peritonitis, Paper on, by Dr. Thos. H. Gage, Worces- ter, Mass., U. S.....	169
Puerperal Convulsions, Case of, by Dr. Ansell, Fal- mouth, Jamaica.....	142
Ranula in New-Born Children, by Dr. T. A. Rodger, Montreal.....	113
Resection of Rib, by Dr. George Wilkins, Montreal...	281
Surgery Antiseptic, by George W. Nelson, Medical Student, Montreal.....	144
Tracheotomy, two successful cases, by Dr. Thos. John- son Alloway, Montreal.....	141
Valedictory Address on behalf of Bishop's College Graduates, by Dr. J. F. T. Jenkins, of Brantford, O.	197
Valedictory Address to the Graduates of Bishops' College, by Dr. George Wilkins, Montreal.....	172
Varicella, Notes on, by Dr. Casey A. Wood, Montreal.	29
Varieties of Phthisis, by Dr. Andrew Clark, F.R.C.P. Lond., London, England..	57
Whooping Cough Treated by Quinine, by Dr. Francis Wayland Campbell, Montreal.....	175

PROGRESS OF MEDICAL SCIENCE.

Abscess, Hyperdistention of.....	119
Acid Medicines, Precaution in Administering.....	318
Acute Articular Rheumatism, Propylamine in.....	206
Acute Rheumatism Treated by Salicylate of Silver....	156
Acute Intestinal Diseases of Childhood.....	8
Albumen Urea, its relation to Convulsions in the Puerperal State.....	127
Alimentary Canal, Diseases of.....	4
Amenorrhœa, Treatment of.....	127
Anal Fissure, Carron Oil in.....	13
Anæmia, Progressive Pernicious.....	208
Anæsthetic, An Improved.....	12
Anæsthesia, New Experiments in.....	266
Anæsthetic for Children, Chloral as.....	45
Antiseptic, A New.....	263
Anti-Toothache.....	203
Apoplexy Cerebral, Hypodermic of Ergotine in.....	158
Apoplexy, Heat, Treated by Ergot.....	235

Arsenic as a Blood and Cardiac Tonic.....	105
Asthma, Treatment of.....	104
Baldness, The Treatment of.....	229
Belladonna, its Actions and Uses.....	268
Bellevue Hospital, Notes and Peculiarities of Treat- ment.....	33
Biliary Calculus—Removal—Cure.....	254
Bladder, Inflammation of.....	283
Blistering, its Neglect and its Value.....	289
Bromide Rash treated by Arsenic.....	2
Bubo, Abortive Treatment.....	239
Burns, Lister's Method in.....	102
Cancer, Perchloride of Iron as a Topical Applica- tion.....	32
Cardiac Dropsy, Caffeine as a Diuretic in.....	266
Catarrh, Naso-Pharyngeal varieties, treatment.....	149
Cerebral Apoplexy, Ergotine in.....	324
Childbirth, Anesthetics in.....	126
Chloroform Narcosis.....	43
Cholera Infantum.....	262
Chloral-Croton, Therapeutic value of.....	258
Chloral Hydrate as Enemata.....	76
Chloroform, Caution in use of, during Labor.....	9
Chinese Medicine and Surgery.....	99
Chorea, Treatment of, Arsenical.....	73
Chorea and its Treatment.....	267
Chronic Alcoholism.....	11
Chronic Cystitis, Injections of Linseed Oil in.....	293
Clinical Instruction, History of.....	225
Cold, How to stop it.....	235
Colic and its Treatment.....	268
Cookery for Sick Room.....	13
Constipation.....	159
Constipation, Habitual.....	319
Consumption, Pulmonary.....	288
Convulsions in Young Children.....	288
Convulsions in Children, Treatment of.....	179
Conjoined-Twins, Canadian, Description of (with plate).....	43
Corns.....	324
Cough Mixture.....	257, 262
Cough, Night.....	262
Damiaana as a Nerve Tonic.....	259
Diagnosis, Differential, between Eczema, Scabies, and Psoriasis.....	147
Digitalis, Indications for the Use of.....	3' 2
Diarrhœa in Children, Treatment of.....	124
Diarrhœa of Children, Therapeutics of.....	284
Diarrhœa, Oxide of Zinc in.....	104
Digitalis, Indications for the use of.....	47
Diphtheria, Origin of.....	264
Doctors, How Paid.....	225
Drug Smoking.....	205
Dupuytren's Contraction of Fingers.....	44
Dyspepsia, Treatment of.....	289
Dyspepsia Neglected, Proximate Cause.....	267
Dyspepsia, Treatment of.....	123
Eczema, Local Treatment of.....	35
Epilepsy, Curare in.....	8
Epilepsy, Cannabis Indica in.....	283

Epilepsy.....	104	Sciatica, Treated by Subcutaneous Injections of Nitrate of Silver.....	97
Epilepsy, Treatment of.....	260	Sea-Sickness, Treatment of.....	97
Erysipelas, Treatment of, by Carbolic Acid Injections.....	46	Scrofuloderma, Clinical Lecture on.....	233
Eye Diseases, Iodoform in.....	47, 105	Sick People, Coffee and Egg, for.....	210
Feet, Cold.....	181	Skin Diseases, Thymol a Remedy in.....	47, 283
Feigned Insanity, The Detection of.....	7	Sleeping Cars, Sanitary Safety of.....	316
Fever, Puerperal, Cured by Benzoate of Soda.....	209	Smartweed.....	323
Gastric Ulcer.....	267	Sore Nipples, Lotion for.....	153
Gestation Prolonged to 15 Months.....	208	Spectacles, How to Postpone their Use.....	283
Glaucoma, Sclerotomy in.....	103	Squills as a Diuretic.....	322
Glycerine, Therapeutic Properties of.....	132	Stammering.....	159
Hæmoptysis, Ergotine in.....	153	Stricture Catheterism on Physiological Principles.....	290
Hæmoptysis, Scleroticin Acid in.....	288	Sudden Hoarseness, Borax and Nitrate of Potash in.....	15
Hæmorrhage in Abortion, The Treatment of.....	226, 257	Surgical Cases, Avoidance of Pain in.....	119
Hæmorrhage, Post-Partum.....	102	Surgical Expression and Attitude.....	114
Hands Moist.....	71	Strumous Disease, External Applications in.....	323
Headache, Sick, Chloral Enemata in.....	257	Sweats, Night.....	257, 264
Heat Apoplexy, Treatment by Ergot.....	152	Table Salt in Milk for Children.....	100
Hypodermic Injection of Morphia in Dysentery.....	72	Tannin, its Local Uses.....	209
Hypodermic Medication of Ergot in Retention of Urine.....	266	Tape Worm, How to Kill in an Hour.....	47
Hypodermic Syringe, When to Use.....	255	Therapeutic Notes.....	166
Hyperæmia Treated by Cold.....	265	Throat and Posterior Nares, Examination of.....	93
Inflammation, Acute, Aconite in.....	256	Thumb Sucking and Irregular Teeth.....	104
Insane, The Urine in.....	102	Tic-Supraorbital Cured by Injection of Chloroform.....	235
Insanity, Treatment of, by Drugs.....	37, 320	Tinitus Aurium, Persistent.....	146
Intestinal Obstruction, Opening Abdomen to Relieve.....	158	Tonsils, Massage of.....	264
Intestinal Obstruction, Diagnosis in.....	11	Treatment of Insane by Non-restraint.....	7
Irritation, Spinal, Dr. McCall Anderson on.....	98	Tronseau's Ca'taplasms, How to Make.....	207
Labor, Injection of Warm Water in.....	266	Tumors of Groin, Diagnosis of.....	253
Lactopeptine.....	1, 225	Turpentine as an External Application in Variola.....	263
Lecture, Clinical, on Genito-Urinary Diseases.....	72	Typhoid Fever, Ergot in.....	43
Left Lung, Removal of Lower Portion, Recovery.....	68	University of Pennsylvania, Hospital of.....	11
Lime Salts, On the Absorption of.....	68	Urine, Incontinence of.....	233
Lumbago.....	260	Uterine Cancer, Remedies to Ease its Pain.....	102
Malt, Extract of.....	315	Uterine Tent.....	104
Medication, Hypodermic.....	239	Ulcer, Gastric.....	116
Medical Officers, Brave.....	239	Ulcers, Indolent, Treated by Shot Lead.....	261
Migraine, Bandaging in.....	318	Valvular Lesions, Treatment of.....	299
Milk and Diphtheria.....	181	Urticaria—Bisulphite of Soda.....	318, 324
Midwifery, Antiseptic, Advantages of.....	230	Varix, Treatment by Subcutaneous Injection of Alcohol.....	182
Mosquito Bites.....	102	Varicose Ulcers, Chronic.....	102
Moles, Removal from Face.....	105	Vinegar as a Post-Partum Hemostatic.....	322
Mumps, Jaborandi in.....	235	Vomiting, Obstinate, Cure for.....	239, 261
Muriate of Calcium as a Therapeutic Agent.....	103	Vomiting in Pregnancy, Treated by Dilatation of Cervix Uteri.....	96
Muscles, Dislocation of, and Treatment.....	97	Vomiting of Pregnancy, Chloral, &c., in.....	263
Naso-Pharyngeal Disease.....	245	Whooping Cough, Treatment of.....	44
Neurasthenia and Womb Disease.....	153		
Nerve Stimulants.....	324		
Nose Bleeding, To Stop.....	100		
Obesity, Treatment of.....	101		
Obstinate Hiccough Treated by Pilocarpine.....	105		
Obstruction, Intestinal.....	101		
Obstetrical Section, New York Academy of Medicine.....	63		
Ophthalmia, Acute, Ergotine in.....	159		
Ophthalmia, Purulent, in Infants.....	159		
Ozena, Suggestions on.....	262		
Pennsylvania Hospital, Notes on Treatment at.....	42		
Pertussis, Sublingual Ulceration in.....	121		
Photographers, Physiological Hints to.....	265		
Phthisis, Early Treatment of.....	236		
Pilocarpin, Therapeutic Results with.....	122		
Poultices.....	97		
Pregnant Sickness, Oxalate of Cerum in.....	8, 153		
Prolapse of the Rectum in Infants, Treatment of.....	322		
Prostate, Enlarged.....	14		
Pruritus Vulvæ Treated by Sulphurous Acid.....	189		
Psoriasis, Pyrogallic Acid in.....	96		
Psoriasis, Chrysophanic Acid in.....	153		
Puerperal Fever, Treatment of.....	127		
Puerperal Convulsions after Labor, Treatment of.....	40		
Purgatives, their Physiological Action.....	76		
Quinine, How to Hasten its Action.....	259		
Respirator as a Preventative of Coughs.....	100		
Re-Vaccination, Dr. Seaton, on.....	102		
Sanguineous Cerebral Apoplexy, Treatment by Subcutaneous Injection of Ergotine.....	42		
Salicylate of Soda, the Value of, in the Acute Articular Rheumatism of Children.....	321		
Salicylic Acid, Use of.....	230		
Scarlet Fever, Treatment of.....	210		
		Abortive Treatment of Bubo.....	270
		Accident to Dr. Howard.....	187
		American Health Primers.....	183
		Animal Vaccination.....	303
		A Pen worth Recommending.....	303
		Appointments.....	162
		A Complaint from our Friends across the Border.....	301
		Beautiful Pictures for all.....	325
		Belmont Retreat, Quebec.....	162
		Billings' Index to Medical Periodicals.....	73
		Births, Marriages and Deaths, 20, 52, 80, 109, 164, 192, 243, 304.....	336
		Bishops' College Medical Alumni Association.....	107
		Bishops' College, University of, Faculty of Medicine.....	184
		Canada Vine Growers Association.....	48, 105
		Canada Medical Association.....	49, 270, 329
		Canada Medical Association, Meeting of the.....	325
		Cases in Practice.....	271
		College of Physicians and Surgeons, Province of Quebec.....	187
		Complimentary Dinner.....	211
		Composition of the Pancreatic Juice.....	52
		Correspondence.....	204, 282
		Curious if True.....	108
		Current Literature.....	107, 136, 162
		Dedication of Dr. McDowell's Monument.....	248
		Dialysed Iron, Wyeth's.....	136
		Differential Registration.....	270
		Dr. Clark's Lecture on Phthisis.....	77
		Dr. Coderre's Infant Syrup.....	242

EDITORIAL.

Dr. Ross.....	325
Effect of Quinine on Hearing.....	271
Hæmoptysis, Pyrogallic Acid in.....	136
Honors to a Surgeon.....	270
Hunyadi Janos and Apollinaris Water.....	77
Inquests.....	160
Intestinal Obstruction, Belladonna in.....	211
Johnson's Fluid Beef.....	371
Jordan's Norway Cod Liver Oil.....	50
Lactopeptine.....	15, 13
Laval University at Montreal.....	207
Longue Pointe Lunatic Asylum.....	269
L'Abeille Medicale.....	128
Lindsay & Blakiston's Visiting List for 1879.....	48
Lunatics in the Province of Quebec.....	240
Maltine.....	77
Malt Extract in Britain.....	161
Malt, Extract of.....	106
Medical Dinners.....	49
Medical Department Volunteer Militia.....	241
Medico-Chirurgical Society of Montreal, 18, 54, 79, 131, 162, 191, 217, 246, 274, 304,	336
McGill College.....	186
New Medical Bill.....	294
Nitrate of Silver as a Uterine Caustic.....	49
Obituary.....	106, 212
Old Fashioned Thesis.....	303
Personal.....	49, 106, 128, 162, 188, 211, 245, 271, 303
Phthisis in Australia.....	108
Plasters of Belladonna.....	136
Precautions in Anæsthesia.....	248
Province of Quebec, Lunatic Asylum in.....	108
Register of the College of Physicians and Surgeons, Province of Quebec.....	303
School of Medicine and Surgery, Montreal (Victoria College).....	187
Scribner's Monthly.....	48, 78
Specimen Copy Nuisance.....	105
Surgeon Majors.....	240
The Canada Medical and Surgical Journal.....	302
The Discoverer of Anæsthesia.....	50
The Habitual Magnanimity of the Profession.....	15
The late Editor of the Canada Medical and Surgical Journal.....	302
The Microphone Distanced.....	16
The Voice.....	271
Trommer's Extract of Malt.....	50
To our Readers.....	128
To our Subscribers.....	48, 77, 105, 128, 210
Vicks' Floral Guide.....	128
Vomiting in Pregnancy.....	52
What Women Can Do.....	188
Wood's Library of Standard Medical Authors.....	50
Women's Hospital, Annual Report.....	183
Women's Hospital, Montreal.....	105

REVIEWS.

An Index of Diseases and their Treatment..... 215

Cell Doctrine.....	191
Clinical History of the Medical and Surgical Diseases of Women.....	213
Compendium of Diagnosis in Pathological Anatomy.....	214
Congenital Occlusion and Dilatation of Lymph Channels.....	215
Essays in Surgical Anatomy.....	217
Essentials of Chemistry.....	129
Gastro Elytrotomy.....	129
Guide to Qualitative and Quantitative Analysis of the Urine.....	189
Guide to the Examination of Urine.....	191
Habitual Drunkenness and Insane Drunkards.....	130
Hand Book of Ophthalmology.....	216
Hearing, and how to keep it.....	245
Hints in Obstetric Practice.....	214
Illinois State Medical Register.....	216
Lectures on Bright's Disease of the Kidney.....	216
Lectures on Fever.....	216
Lectures on Localization in Diseases of Brain.....	216
Long Life, and how to reach it.....	273
Loss of Weight, Blood Spitting and Lung Disease....	190
Man's Moral Nature.....	244
Manual of Physical Diagnosis.....	189
Mothers and Daughters.....	245
Ophthalmic Outdoor Practice.....	245
Physiology, Preliminary Lectures.....	191
Pocket Therapeutics and Dose Book.....	129
Practical Treatise on Surgical Diagnosis.....	214
Practical Surgery, Including Surgical Dressings, &c.	188
Practical Treatise on Medical and Surgical Uses of Electricity.....	212
Physics of the Infectious Diseases.....	273
Rhymes of Science.....	216
Spermatorrhœa, its Causes, Symptoms and Treatment	213
Tablets of Anatomy and Physiology.....	190
The Laws of Therapeutics.....	274
Transactions of the American Gynæcological Society.....	16, 326
Transactions of the American Medical Association....	274

PHARMACEUTICAL DEPARTMENT.

American Pharmaceutical Association	277
Collectors of South America	137, 165
College of Pharmacy, Montreal.....	22, 193
Correspondence	109
Drug and Chemical Report.....	252
Editorial	193, 221, 249
Gray, Henry R., on the Cinchona Bark	137
Gray, Henry R., on Eserine.....	81
Gray, Henry R., Pharmaceutical Notes.....	21
Lyman, the late S. J.	82
Oleo-Margarine, or Bull-Butter.....	305
Pharmaceutical Items....	22, 54, 83, 109, 138, 166, 193, 221, 277,
Plants Indigenous to, or Naturalized in, North America.....	53

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CONTENTS.

PROGRESS OF MEDICAL SCIENCE.

PAGE
Lactopeptine, 1. Anti-Toothache, 1.
Cases Illustrating the Treatment
of Bromide Rash with Arsenic 2.
Diseases of the Alimentary Canal,
4. The Detection of Feigned Insan-
ity, 7. Non-restraint in the Treat-
ment of the Insane, 7. The Oxalate
of Cerium in Pregnant Sickness. 8.
Curare in Epilepsy, 8. Chloral

PAGE
Hydrate and Oxide of Zinc in
Acute Intestinal Diseases of Child-
hood, 8. On the necessity of cau-
tion in the use of Chloroform dur-
ing Labor, 9. Memoranda for Di-
agnosis of Cases of Intestinal Ob-
struction, by Jonathan Hutchin-
son, F.R.C.S., 10-11. Treatment of
Chronic Alcoholism, 11. Hospital
of the University of Pennsylvania,
11. An Improved Anæsthetic-
Carron Oil in Anal Fissure, 13.
Sick Room Cookery, 13. Enlarged
Prostate, 14. Borax and Nitrate
of Potassium in Sudden Hoarse-
ness.....15

EDITORIAL.

PAGE
Lactopeptine, 15. The Habitual Mag-
nanimity of the Profession, 15. The
Microphone Distanced.....16
Reviews.....16
Personal.....18

REPORTS OF SOCIETIES.

Medico-Chirurgical Society.....18
Died.....20

PHARMACEUTICAL DEPARTMENT.

Pharmaceutical Notes, by Henry R.
Gray.....21
Montreal College of Pharmacy.....22
Pharmaceutical Items.....22

Progress of Medical Science.

LACTOPEPTINE.

This valuable aid to digestion has been before the public for several years, so long, in fact, that there are probably few physicians practising in cities who have not already tested it thoroughly. To these it is unnecessary to say anything in commendation. To the country practitioner, however, it may be well to again refer to it.

At first sight the combination may not appear to be an effective one; it may be supposed that the action of the stomach upon the constituents calculated to aid intestinal digestion would be such as to prevent any influence being exercised in any way upon the alimentary bolus after it has been subjected to gastric digestion, that is to say, pancreatine would probably be *digested* along with other articles of food. Although we might come to some such conclusion *a priori*, yet experience teaches us that fats are more easily and completely digested and absorbed when Lactopeptine is taken after meals containing such articles of diet then after taking any of the preparations of pepsin, even when combined with the acids, in connection with food. This fact is of the utmost importance in the treatment of wasting diseases, especially in children.

In the summer diarrheas of children we have found Lactopeptine of the very highest value. It is probable that weakening of the digestive powers is a very important factor in the causation of cholera infantum. We have found Lactopeptine a most important help in restoring these cases when they have passed through the worst stages of that disease, as well as in warding it off when its onset seemed almost inevitable.

In the exhausting vomiting of pregnancy we have found it of very great value in enabling the patient to obtain some nourishment from the food ingested even if it remained but a short time in the stomach. In the nausea and indigestion and cardialgia which cause so much annoyance, even if no great danger, in the later months of gestation, Lactopeptine has proved itself almost a specific.

The article used was that manufactured formerly by Reed & Carrick, now by the New York Pharmacal Association.—*St. Louis Clinical Record*.

ANTI-TOOTHACHE.

Mr. James Merson, L.D.S., writes to the *Brit. Jour. Dental Science* that acute pain can often be suppressed by pungent aromatics, just as we know essential oils are popular remedies for toothache, as are creasote, peppers, spirits, &c. But, better still, he tells us that combined with chloroform and aconite they will prevent the pain of tooth extraction. Hundreds of patients told him they did not feel the pain. Here is his formula for a local anæsthetic to supersede chloroform, ether, the gas, &c.:—

R Chloroform pur., 3 iij;
Tr. aconiti (Fleming's), 3 iij;
Tr. capsici, 3 j;
Tr. pyrethri, 3 ss;
Ol. caryoph, 3 ss.
Gum camph, 3 ss. Misce.

The tooth and surrounding gums are to be previously dried, and then four or five drops of this applied with cotton wool. Then without delay use the forceps, but the instrument *must be warmed*. This is most important. We have felt the pang of the cold steel, and whether the anæsthetic or not be used, agree with the pro-

priety of using warm instruments. For toothache, a pellet of cotton wool soaked in the above may be introduced into the cavity, and is said often to give speedy relief.

CASES ILLUSTRATING THE TREATMENT OF BROMIDE RASH WITH ARSENIC.

The beneficial effect of arsenic on the bromide rash deserves to be more widely known than it appears to be, and the following cases reported by Dr. GOWERS (*Lancet*, June 15, 1878) illustrating it, may be of some interest. They are briefly reported from the out-patient practice at the National Hospital for the Paralyzed and Epileptic:—

S. S., a man aged thirty-eight, had taken bromide of potassium certainly for five years, on account of fits, and during the whole of that time he had had a large amount of acne upon the face. In the summer of 1877 the face was covered with coalescent acne pustules, and presented a most repulsive appearance. The eruption was also abundant on the chest. The addition of a small quantity of sulphur to each dose did a little good; the rash improved for a short time, but it soon got worse again. Sulphide of calcium was then tried, but with no further improvement, and it made him sick. The dose of bromide was then lessened from twenty to ten grains three times a day, and the acne lessened considerably, but the fits became worse, and on again increasing the bromide the acne became more abundant, and soon was as bad as ever. On Sept. 28, five drops of arsenical solution were given twice a day. In a fortnight all the spots of acne were gone from the face, and those on the chest had faded. The arsenic was continued for some time, and then reduced, and ultimately discontinued. The skin remained healthy for a time, but a month afterwards the face was covered with a fresh bromide rash, red elevations, with several points of suppuration in them. Many large spots of similar kind were on the back of the neck, chest and arms. This eruption commenced a week after the discontinuance of the arsenic. It again disappeared when the arsenic was resumed.

A. E. W., a female, aged twenty, epileptic since infancy, who had taken bromide of potassium for some months, without any rash, presented acne on the face and chest for the first time after bromide of ammonium had been substituted for bromide of potassium. The rash was of the form in which there is a large white centre containing fluid, and a narrow red circumference; and the spots were separate and confluent into larger patches. Most were on the forehead. Other spots were on the shoulders and back; there were none on the abdomen. Arsenic was added, and on March 4th the spots were much better; there were no fresh pustules,

and the old ones were fading. On April 18 all spots were gone from the face and back, and only three scars remained.

A. C., a female, aged twenty-four, who had suffered from epilepsy and scarlatina four years before, on Oct. 20, 1877, having taken bromide of potassium (twenty grains twice daily) for some years, presented a large number of acne spots upon the face, especially on the cheeks and temples, none being on the forehead; there were also many on the back and chest. Three drops of arsenical solution were added to each dose. On Nov. 3 there were no fresh spots, and the old ones were slowly fading. The only signs of recent spots were one or two minute vesicles on the cheeks. The improvement was as marked on the trunk as on the face.

W. H., a man aged twenty years, who had suffered from epilepsy for seven years, had taken bromide certainly for three years, and on the 8th of October, 1877, presented much acne upon the face, small pustules, and old scars of former spots; there were also a few spots on the trunk. He had been taking for four months thirty grains of bromide of ammonium each night. Three drops of arsenical solution were added. On Nov. 5 the spots of acne on the face were much better, but those on the trunk were not. The pustules gradually disappeared everywhere, and two months later the arsenic was omitted. A few weeks after the omission of the arsenic, the rash re-appeared.

J. L., aged eighteen, epileptic for eight years, and known to have taken bromide for at least two months, presented on Feb. 26 many spots of acne on the face. Three drops of arsenical solution were added. On April 8 there were only a few old spots, and on April 29 none were to be seen, old or new.

E. H., a woman aged forty-one, who had suffered from fits for a year only, and had taken bromide (fifteen grains three times a day) for three months, presented first on Feb. 18 some spots of acne on the face, one or two large red prominences with a small white centre, and some smaller ones. Two drops of arsenical solution were added to each dose. On March 11 not a single spot of acne could be seen on the face, except one small hard spot on one cheek.

S. D., a woman aged thirty-two, while taking bromide of ammonium, presented acne on face, arms, and shoulders, and small pustules without much redness around. Two drops of arsenical solution being added, in three weeks the spots on the face were much better, but those on the back were said to be about the same. The dose of arsenic was therefore increased to three drops, and in a few weeks the spots were all gone from both face and back. The arsenic was then omitted, and in a few weeks some spots re-appeared.

L. S., a woman aged twenty-six, suffering from long-standing epilepsy, had for years been disfigured by continuous bromide rash, large suppurating pustules. No treatment had availed to lessen the eruption except discontinuance of bromide, but the rash recurred when the bromide was resumed. The addition to the bromide of two drops of arsenic removed every trace of the rash in the course of five or six weeks.

E. F. R., a young man aged twenty-eight, who had had fits for sixteen years, and had taken bromide for several years, presented, on March 21, many spots of acne on the face. Three drops of arsenic were added to the bromide of ammonium, of which he was taking twenty grains three times a day. In a fortnight the face was quite free from acne, but in three weeks, while still taking the arsenic, many fresh spots appeared, similar to the preceding ones. The dose of arsenic was then raised to five drops, and in a month the face was almost well.

E. W., a boy aged six, who had had fits for three years, presented a curious eruption, which seemed probably due to bromide, a month after he commenced attendance; the possibility that he had previously taken bromide could not be excluded. The skin on the back and left side of the chest was covered with a fine pustular rash, resembling closely minute miliaria, each minute white point having a fine red halo around it. Among these, on the nape of the neck, were several large pustules, with extensive red bases, like small boils. A drop of arsenical solution was added to each dose of the medicine, and, a fortnight later, the rash had almost disappeared. There were still some minute pustules on the side of the neck, but they had gone from the back and chest. The large pustules had subsided into the characteristic red swellings of bromide acne. Three weeks later both these had subsided, and only the faintest trace of the finer rash could be detected.

H. B., a boy aged seven, epileptic since two years of age, had taken bromide for about three months, when his face, on March 5, presented five or six spots, each about a quarter of an inch in diameter, almost covered with minute foci of suppuration. On some of the more advanced of these a crust had formed, occupying almost the whole of the raised red area, of which only a narrow ring showed around the crust. The latter was thin, and, at a distance, the spots looked very like those of psoriasis. One drop of arsenic was added to the ten grains of bromide of potassium which he was taking three times a day, and in a month the spots were well, only the red stains remaining.

A. S. F., a girl aged eleven, epileptic since six months old, and taking twenty grains of bromide of potassium twice a day, presented,

on April 1st, many small spots of acne on the forehead and cheeks. Four drops of arsenic were added, and on May 28th every spot had disappeared.

Remarks.—It is surprising that in recent discussions on the subject, the occurrence of bromide rash was mentioned as a rarity. At the Queen-square Hospital, where, of course, bromide is largely given, the rash is common enough, and is frequently seen in most severe form, causing great disfigurement. Since, however, the value of arsenic in the affection has been known, an example of bad bromide rash has not been seen.

The common form of the rash is, as is well known, pustular, the red swelling being large and the point of suppuration small. As frequent, however, and more so in the commencement of the rash, are small pustules with little redness, together with papules which do not always reach the stage of pustules. Occasionally large pustules are seen with extensive suppuration, either in very minute foci or in one or two large and superficial areas. It has been said that the white centres of the bromide pustules do not contain pus, but only caseous material. This is sometimes the case, but often there is true pus within them. Occasionally actual boils occur.

It is to be noted that the rash occurs equally with the bromides of potassium and sodium, and still more readily with bromide of ammonium. Some of the above cases illustrate this. The rash occasionally first shows itself when the ammonium salt has been substituted for an equal dose of one of the others. This may be due to the fact that the ammonium salt contains a larger quantity of bromine. The amount of eruption may be observed to vary with the amount of bromide given.

Many observers have noted the beneficial influence of arsenic, and these cases fully corroborate it. They show, moreover, that, irrespective of age, the dose of arsenic required to remove the rash varies in different cases, and the dose required does not always depend on the amount of rash. The dose which cured some cases only effected a slight improvement in others, which did not yield until a large dose had been given. They show that the arsenic affects the rash on the face more readily than that of the trunk. A dose of arsenic which removed the rash from the face had to be increased before that on the trunk disappeared:

The effect of arsenic only continues as long as it is given. Bromide still being administered the rash returns when the arsenic is stopped. Several cases illustrate this, and illustrate also how rapidly the recurrence may take place.

Many other agents for the treatment of the rash have been tried, but none has been found of value comparable to that of arsenic. The external applications useful in ordinary acne

are almost useless in the bromide rash. The internal administration of sulphur or sulphite of calcium has also little influence.

- DISEASES OF THE ALIMENTARY CANAL.

Lecture delivered by AUSTIN FLINT, M.D.,

Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College.

Sporadic Dysentery—Indications in Treatment—Treatment with Ipecac—Important Principles Affecting the Diet of the Patient and the Use of Opium—Epidemic Dysentery—Value of Opium and Alcohol in its Treatment, and the Degree of Tolerance sometimes seen in their Use—Chronic Dysentery—Subacute Enteritis—Chronic Enteritis—Subacute Gastritis.

GENTLEMEN:—The first question we shall consider to-day is the treatment of acute dysentery. It is very desirable, in making observations with reference to the effect of remedies in the treatment of any disease, to determine if there be any intrinsic tendency in that disease towards recovery. This knowledge can never be obtained by observing cases which are under potential medicinal treatment. Some years ago it occurred to me that, to my knowledge at least, this observation had not been made with reference to acute dysentery. I therefore resolved to collect, as far as possible, cases in which no treatment of any activity had been resorted to, and to study them analytically. I found this to be a somewhat difficult task, for many patients had acute dysentery associated with other diseases, and many cases had received treatment before entering the hospital. I succeeded, however, in collecting *ten* cases in which the disease was allowed to pursue its course without interference. A report upon these observations was published in the *Am. Journal of Med. Sciences* for July, 1875, and the result of the analysis of those cases was as follows:

In no case did the disease prove fatal. The duration of the disease, from the time the diarrhoea began up to the date of convalescence, varied from 6 to 21 days—the shortest 6, the longest 21. In one case diarrhoea existed 14 days before the dysentery occurred.

If we exclude the last case, it is found that the average duration of the disease was 10½ days, or, with the last case, 11½ days. It has seemed to me that these cases, although the number is not large, establish the fact that acute dysentery is a self-limited disease. I do not think that very much would be gained by repeating these observations and collecting a larger number of cases. Here, then, we have a disease which has a natural tendency to self-limitation, and, in that respect, it corresponds with the essential fevers. But it does not follow, because we have a disease which, if left to itself, will either prove fatal or cease at a certain time, that we are not to employ treatment, for by treatment we may abridge the duration of the disease, mitigate the suffering of the patient, and conduct the case more happily and more pleasantly to a favorable termination.

In the first place, then, we will consider the indi-

cations in the treatment of a case of sporadic acute dysentery. What are the objects to be kept in view? The first indication is to effect a complete evacuation of the alimentary canal, provided that has not already been accomplished by a spontaneous prodromic diarrhoea. You can ascertain whether or not the intestinal canal has been completely evacuated by inquiry concerning the quantity and character of the dejections, and by manual exploration of the abdomen. We can explore the colon externally very satisfactorily, throughout the greater part of its extent, and in that manner ascertain whether it is full or empty. You are to be guided, then, with reference to the first indication, by the character and the number of evacuations and the quantity of matter evacuated, and by the results of manual examination of the colon.

If we have reason to conclude that feces are retained in the large intestine, it is a rational procedure to first take steps to secure a complete evacuation of such an accumulation. This may be done by the use of various remedies. Castor-oil is a remedy which has long been employed, and is one well suited to meet the indication in these cases. Salines have been used for the same purpose, and perhaps are to be preferred, because they are far more easily taken, and afford more relief. Having fulfilled the first indication, what is the next? Upon the general principle that an inflamed organ should be kept at rest, the next indication is to keep the inflamed intestine perfectly quiet. How is this to be done? It is best accomplished by the use of opium. These are the two objects to be attained in the treatment of sporadic dysentery.

There is another principle of treatment applicable to certain cases of sporadic dysentery, but still more so to those cases embraced under the epidemic form of the disease; and that is to render the system tolerant of the local affection. In all diseases which involve more or less constitutional disturbance and tend towards a fatal result by exhaustion, if we place the patient under the influence of an anodyne, assuming that the effect of the anodyne is good, that it does not produce nausea or disturbance of the digestive system by idiosyncrasy, we render the patient better able to support the affection; there is less constitutional disturbance than would be the case if the drug were not employed. By rendering the patient free from uneasiness and promoting sleep, we diminish the tendency to fatal result, if there be any such tendency by way of exhaustion. Opium, in the treatment of dysentery, may be administered by the mouth, by the rectum, or hypodermically. Perhaps we succeed better in securing quietude of the large intestine by the use of anodyne enemata than by the use of opium, either by the mouth or hypodermically—the effect upon the large intestine seems to be more direct. After a day or two it may be found that the alimentary canal is again more or less loaded, and, if deemed necessary, the salines or the oil can be repeated. From time to time various methods have been recommended as extremely efficacious in the treatment of this disease. Accordingly,

large and small doses of calomel have been used; salines, various kinds of injections, applications of cold and heat, etc., have been suggested; but the more recent plan of treatment is that recommended by Dr. McLean, and consists in the use of *ipeacac*.

I have been led to employ this plan of treatment in a certain number of cases. It is recommended by Dr. McLean to administer twenty-five or thirty grains of powdered *ipeacac*—preceding it for a little time by a full dose of laudanum. If the *ipeacac* be retained, it is to be repeated in diminished doses every eight or ten hours.

I have seen this plan of treatment employed in quite a number of cases, and I must say that it sometimes has a very marked effect upon the disease. At the same time, I should say that, according to my experience, without giving accurate data, in the larger proportion of cases the *ipeacac* treatment fails. There is no objection, however, to making a trial of the remedy, because it will do no harm if it do not succeed.

The diet for this class of patients should be restricted, theoretically at least, to those articles of food which are as completely digested as possible. This is done upon the principle of keeping an inflamed part at rest. Our object is to prevent, as far as possible, the exercise of any function by the large intestine; that is, we administer nourishment which leaves but little residuum to pass into this portion of the alimentary canal. Cold water and ice applied to the rectum sometimes relieves the tenesmus. Warm, soothing applications over the abdomen usually afford a certain measure of relief.

In 1874 I received a letter in which is given an account of the personal experience of a gentleman with reference to a rather novel way of treating dysentery. He was encamped in the army four miles from Washington. He had suffered severely from pain and tenesmus, as well as frequent mucus and blood discharges from the bowels, for forty-eight hours, and was greatly exhausted. He was unable to retain much food upon his stomach, and because of his irritable stomach had abstained from food for nearly eighteen hours. About that time an old negro came into camp, peddling oysters, and they were prepared and eaten with vinegar and salt. He says he felt a craving for this article of diet with its accompaniments, and that he ate freely of the oysters, and having heard an old physician say that vinegar and salt was an excellent remedy for dysentery, he gave them plenty of that kind of dressing. He writes that he was almost at once perfectly relieved, and that that was the last of his dysentery for that year. He also writes that he had frequent opportunities to recommend the same plan of treatment in his own and other regiments, and that it had uniformly been attended with the same success.

There is no reason for discrediting the story which the gentleman relates, and certainly, from the writer's standpoint, the plan of treatment is somewhat novel. It is not probable, however, that the oysters produced any special benefit; nor is it any more probable that

the vinegar and the salt taken with the oysters produced any special remedial effect. But there is involved in the case a principle, which is perhaps worth mentioning. If we can find an article of diet which the patient desires and craves, and it can be taken and digested and assimilated, we benefit the patient by allowing him to have it, and also exert a controlling influence over the disease. This is the point which I wish to impress on you. We are to be guided, to a certain extent, by the instincts and desires of the patient, and I am willing to say that, in almost every disease, if the patient has a well-defined desire for any article of food, it is wise to allow it to be taken. We are much safer in following the instincts of the patient in this respect than in following out any set of dietetic rules with theoretical form. I cannot but think that, adopting the same general dietetic rules, and endeavoring to apply them to every case, is harmful.

TREATMENT OF EPIDEMIC DYSENTERY.

Next, with regard to treatment of the severer cases of dysentery which are usually epidemic, especially that form in which we have a history of early and abundant sanguinolent transudation, accompanied by marked prostration. In severe cases of epidemic dysentery, we have to deal with a very formidable disease. What are the indications in its treatment? In general, purgatives are to be avoided. Salines, which operate by producing a more or less abundant watery transudation, are contraindicated.

So far as medical treatment is concerned, our chief reliance must be placed upon opium. Administer opium early and persistently, and to the extent of absolutely quieting the intestines, but at the same time avoiding the risk of narcotism. It is a noteworthy fact that the quantity of opium which can be administered in these cases, without exposing the patient to danger from overuse of the drug, is sometimes very large.

We are to take into account the fact that, in certain cases at least, there is a wonderfully increased tolerance of opium. For example, I have given a patient, suffering from epidemic dysentery, a grain of the sulphate of morphia every hour—24 grs. per diem—and continued such doses for several days without producing the least manifestation of narcotism; and the patient was a person not accustomed to taking opium. That was an extraordinary case, it is true, but I have been repeatedly led to observe a greatly increased tolerance of opium in this class of cases.

Astringents may be administered, provided they are well tolerated by the stomach, with a certain amount of benefit—not marked, however—but they should never displace the use of opium.

Supporting measures must also be employed, and with regard to alcoholics, the same is true as with reference to opium—there is an increased tolerance. We cannot go too far, in severe cases of epidemic dysentery, in the use of alcohol, if we do not carry it beyond its supporting effect, and the life of the patient may depend upon its use. The persistent use of opium and alcoholics is the most essential feature of

the treatment of epidemic dysentery. If the disease be associated with other affections, additional indications may be derived from the latter. For example, if the disease be associated with malaria, the use of quinine is indicated, and other indications may be developed by complications with other diseases.

CHRONIC DYSENTERY.

Our next subject is chronic dysentery. In our climate we rarely see a case of this disease. It is essentially a disease of the tropical climates. With regard to sporadic and epidemic dysentery, as it occurs in this climate, there is scarcely any tendency to the supervention of the chronic form of the disease, whereas in tropical climates there is considerable tendency to this result.

The distinguishing feature of the dejections in chronic dysentery is the presence of inflammatory products, and our differential diagnosis is based upon that fact. If the dejections are liquid, and contain more or less of inflammatory products, we can infer that the affection is extensive; that it affects a greater part of the entire large intestine. If the patient has regular fæcal evacuations, and between them discharges of inflammatory products, it may be inferred that the disease is located in the lower part of the bowel. With the characteristic dejections there is generally more or less of progressive emaciation. If the disease is extensive, extreme emaciation is commonly developed.

It is important to make a correct diagnosis in these cases, but in hospitals it is not always made with accuracy, nor is it always easy to make a discrimination between chronic dysentery and chronic diarrhoea, the disease with which chronic dysentery is most frequently confounded. Chronic diarrhoea is a much less grave affection than chronic dysentery.

What are the indications for *treatment in chronic dysentery*? There are several remedies which have been supposed to produce a beneficial effect through their local influence upon the inflamed part. We have the nitrate of silver, sulphate of copper, and bismuth in large doses, which are supposed to exert a favorable influence by coming in direct contact with the inflamed mucous membrane. With regard to nitrate of silver, and sulphate of copper it seems to me that it is simply an error to suppose that any doses of these remedies which the stomach will tolerate can be taken and pass through the stomach and small intestine and then act as local remedies upon an ulcerated surface in the large intestine. Whatever effect these remedies produce must be explained in some other way. It is easier to understand that bismuth, given in large doses, and continued regularly, may reach the large intestine and produce some local effect.

Bismuth is a palliative remedy, and one of considerable value in the treatment of chronic dysentery. Not unfrequently it diminishes the frequency of the dejections and the abundance of the inflammatory products which they contain. It is a remedy which can be given almost *ad libitum*. It is a remedy which frequently is given in too small doses to pro-

duce any curative effect. We should rarely give less than ℥i., and from 3 ss. to 3 ij. may be given without producing other disagreeable effects than the inconvenience which may arise from its bulk in the stomach. The various ferruginous and vegetable astringents may be given. They have been regarded by different observers as valuable in the treatment of this affection, and it is our duty to try them in succession.

These patients are to be sustained by tonic remedies and a nutritious diet. The diet should consist of articles which are as completely as possible digested in the stomach and small intestine, thus leaving the least possible residuum to enter the colon. You will be guided largely by the instincts and experience of the patient with regard to selecting articles of diet. More advantage may, perhaps, be derived from hygienic treatment than from any other. A change of climate is a most important element in the treatment of chronic dysentery. I am speaking particularly of cases occurring in a tropical climate. A change from a warm to a temperate or cold climate is beneficial. A uniformly cold and dry atmosphere is best suited to these cases. During the late civil war, and also during the Mexican war, we had occasion in New York to treat numerous cases of chronic dysentery contracted in the Southern States and in Mexico, and the most effectual measure for their relief was a change of climate; a change to even farther North than this city.

SUBACUTE ENTERITIS.

We meet with cases of enteritis which are neither acute nor chronic, but are subacute. Subacute enteritis is not uncommon. It is frequently connected with excessive eating, or with the action of an agent which interrupts the digestive process. Here we have to make a differential diagnosis between this disease and simple functional indigestion. Subacute enteritis is almost invariably induced by dietetic excesses. In accordance with general principles, then, the first thing to be done in the way of treatment is to remove the contents of the small intestine, as is done in the greater proportion of cases by diarrhoea. The alimentary canal is then to be kept quiet by the moderate use of opium, and the diet of the patient carefully regulated.

CHRONIC ENTERITIS.

Chronic enteritis rarely occurs in adults if we exclude the enteritis which is associated with tubercular disease—that form of chronic enteritis which occurs in connection with certain cases of phthisis.

If a patient suffering from pulmonary phthisis has a persistent diarrhoea, one perhaps which can be controlled by opium, but which speedily returns as soon as the effect of the opium passes away, and this continues for some time, we may safely infer the existence of tubercular enteritis, which will sooner or later lead to ulceration. Exclusive of these cases, and exclusive of the ulcerations which sometimes persist after recovery from typhoid fever, chronic gastritis is a rare disease in adults, but common in children. In young children, and during dentition,

especially in cities, the cases of chronic enteritis, acute and subacute enteritis are very numerous, and constitute the greater part of the cases known commonly as "summer complaint" and cholera infantum. As these affections more properly belong among diseases of children they will not be studied at this time.

SUBACUTE GASTRITIS.

With regard to subacute gastritis it is a very common affection, and one which exists in a large proportion of the cases which occur so frequently, and to which in this country the name "bilious attack" has been applied. "Gastric embarrassment" is also a name which has been given to the same condition. The term "gastric fever," a term which should never be used, but one which has received a popular recognition, has been employed by some physicians, and even by some medical writers in describing this disease. The symptoms which characterize a transient and subacute gastritis are loss of appetite, nausea, sometimes vomiting of a considerable amount of mucus, and perhaps bile, more or less of tenderness over the epigastrium, and a certain amount of fever; the thermometer rising as high perhaps as 100 or 101° F., and the pulse increased in frequency. This group of symptoms can frequently be referred to over-indulgence at the table, or to the effect of some agency, mental or physical, which, after the ingestion of food, has given rise to indigestion. The food undergoes chemical change in the stomach, and produces a certain amount of inflammation. This form of gastritis is not severe, and does not, as a rule, call for very active treatment.

It may be proper, if there is suspicion that the stomach contains indigested food, to produce vomiting.—*N. Y. Medical Record*, Sept. 14, 1878.

THE DETECTION OF FEIGNED INSANITY.

On this important medico-legal subject, Dr. W. H. De Witt writes, in the Cincinnati *Lancet and Observer*:—

The physician may be called upon to examine persons who feign insanity. This has been practiced in all civilized countries and in all ages. The vagrant finds the asylum a far better and more inviting home than the jail or workhouse. The criminal, fearing the strong arm of violated law, assumes the garb of the imbecile, or raving madman, to shift his crime from his shoulder.

First of all, discover whether there can be any motive for feigning insanity; usually the examiner will experience little difficulty in determining the true nature of such cause. For if the disease is assumed, they are simply imitators, and, as such, they are generally ignorant of the peculiarities, symptoms, etc., of the form of insanity assumed, and must, therefore, of necessity, be very clumsy personators. Occasionally a talented, educated person will thus seek to escape, but usually criminals are found

in the lower stratum of society. If the person pleads at the time he committed the act he did not know it, or was unconscious of it, or stoutly denies having had any connection with it, the examiner should then carefully investigate his previous history, learn whether he has been an epileptic, or suffered from any other form of cerebral disorder, and, finally, whether he has received any injury to the head, sufficient to disturb the mental integrity. If the examination develops the presence of epilepsy, it should contribute largely in his favor.

If, on approaching the patient, he should become loud and boisterous, remember that the real insane man, at the approach of a stranger, is generally quieter, and less demonstrative. It is a fact worth bearing in mind that feigned insanity is always over-colored. If, as they frequently do, he assumes the role of the acute maniac, he will very soon exhaust himself and sleep, for none but a genuine lunatic can withstand the constant strain and excitement. In the early stage of acute mania, patients seldom sleep, unless under the influence of powerful hypnotics. A valuable means of diagnosis in such cases is to be found in the administration of certain medicines. In real or typical mania there is a certain insensibility or resistance to the action of drugs, such as opium, chloral and emetics. The quantity required to produce sleep, catharsis and emesis, in the malingerer, would produce little if any effect on the real insane man.

NON-RESTRAINT IN THE TREATMENT OF THE INSANE.

Dr. W. Lindsay closes a long article on this subject in the *Edinburgh Medical Journal*, with the following conclusions:—

Among the general results of my own observation, correspondence, and reading, are these:

1. The use of mechanical restraint is advocated by at least ninety per cent. of physicians engaged in lunacy practice throughout the world.

2. The minority is not greater than is that of the general population who believe in and propagate such absurdities as spiritualism.

3. But the advocacy of mechanical restraint is one thing, its use another. For there are many strenuous advocates of its use who, nevertheless, in practice seldom or never have, or have had, occasion to use it.

4. What such advocates contend for is perfect freedom, both of opinion and action—unfettered liberty to employ or apply what they consider the best thing for a given patient under given circumstances, without reference to the current creeds of other people—to the tyranny of a false public opinion, or of a spurious public philanthropy, or to the amiable crotchets of mischievous enthusiasts.

5. The use of mechanical restraint is advocated, or it is itself employed, by the most eminent specialists of the day—by men as conspicuous for their advanced humanity or philanthropy as for their general culture and professional ability.

6. Mechanical restraint forms an occasional feature of treatment in those asylums which have the noblest history and the highest reputation.

7. In other words, it constitutes an essential feature in the most modern, most enlightened, most humane treatment of the insane; while

8. It is itself unquestionably the most humane mode of treatment that can be adopted in certain exceptional circumstances.

9. One proof of this is to be found in the fact that maniacal patients themselves are sometimes the first to recognize its benefits by requesting its application, just as they voluntarily, in similar conditions, betake themselves to seclusion.

10. The substitutes that have been introduced by those whose extreme views have led them to renounce everything savoring of mechanical restraint are productive of much more serious and numerous evils.

11. So much so that Conollyism has done an amount of mischief to the insane, and to society through them, compared with which all the evils of the old restraint, in so far as those evils were at all real, are a bagatelle.

THE OXALATE OF CERIUM IN PREGNANT SICKNESS.

Dr. Francis Edward Image writes to the *Practitioner*—Sir James Simpson introduced the oxalate of cerium, and prescribed it in ten-grain doses. The official dose is from one to two grains, which is, as a rule, so useless that the preparation has been stigmatized as the "oxalate of mud." As a general practitioner of seven years' standing, very many cases of pregnant sickness have naturally come under my care, and up to the present time I have not met with a case in which the nausea has not been very considerably relieved, and in most cases completely checked, by ten-grain doses of the oxalate of cerium. I have at the time of writing this a lady under my care, who, from the fourth week of her pregnancy till now, the eighth month, has suffered at intervals from this distressing symptom, but whose sickness has been invariably checked by from two to three days' administration of the oxalate in the dose I have mentioned. In severe cases I give it every four hours for the first day, beginning the first dose half an hour before the patient rises, and then, as improvement takes place, diminishing it to three times a day, but always giving the first dose of the day before the patient moves from the horizontal position—a point to which

I attach much importance. The formula I employ is—

R.	Cerii oxalatis,	grs.x	
	Pulv. trag. co.,	grs.x.	
	Tre. aurantii,	3 ss	
	Aquam. ad.,	3 vj.	M.

In Dr. Frowert's case he prescribed $1\frac{1}{2}$ grain doses, which were not "followed by the slightest remission of symptoms." I hold that this want of good result was from the insufficiency of the dose.

The oxalate of cerium I have also found most efficacious in restraining the nausea resulting from uterine irritation. I generally combine it with bromide of potash in these cases, but have found it succeed in combination where the previous employment of the latter drug by itself has been without appreciable effect.

CURARE IN EPILEPSY.

In the opinion of Kunze we possess in curare a remedy by means of which we may cure cases of epilepsy of long standing. He employs a solution of seven grains of curare in seventy-five minims of water, to which he adds two drops of hydrochloric acid. At intervals of about a week he injects beneath the skin eight drops of this solution, and in various cases in which convulsions had occurred for several years, he obtained a complete cure after eight or ten injections.

CHLORAL HYDRATE AND OXIDE OF ZINC IN ACUTE INTESTINAL DISEASES OF CHILDHOOD.

By JAMES L. TYSON, M.D.

High heat for the past six or eight weeks, together with the irritation of dentition and improper diet, or over-feeding, or both, have been prolific factors in the generation of that troublesome, and not rarely fatal, malady among children, in ordinary parlance ycleped summer complaint, whether it presents itself under the form of simple diarrhoea, cholera infantum, entero-colitis, or dysentery. Though the unwholesome atmosphere of a city in hot weather contributes largely to its production and fatal result, I am inclined to think that unsuitable food, and too much of it, may in the country, from my observation of both localities, be pronounced almost as frequent a cause of its prevalence and fatality there as are the foul airs in the crowded alleys of a populous town. At all events, it has prevailed to a considerable extent in this county, and, as I have had a good many cases under my care, some of which were almost *in extremis* when first seen, I have been urged to present a brief abstract of the treatment instituted, though by no means new to many, which in my hands has resulted so satisfactorily. I am more particularly induced to refer to it now, from having read a note addressed to the editor of the *Medical Times*, by Dr. W.

L. Newell, of Millville, New Jersey, announcing the benefits which resulted from chloral enemata in his and his colleague's hands in cases of dysentery in adults. It is the employment of this agent in that form, along with other treatment, among children within the year.—say from six to nine months old,—whose claims to consideration I advocate and desire to enforce with all the earnestness that its merits demand. I was much gratified to learn from Dr. Newell's note that his treatment for adults so fully vindicated my preconceived impressions of its utility in cases of children. Simple attacks of the complaint in this vicinity readily yielded to a change or diminution of diet, and a cold bath two or three times a day. Others were of a much graver type, the discharges being lienteric mixed with blood or bloody water, from twelve to twenty occurring in the course of a day, and in some cases the tenesmus so excessive that the moment an enema was administered it was expelled. This spasmodic action of the sphincter and lower bowels could only be controlled by repeated resort to the remedy, two or three applications being requisite before it could be retained, and then only by directing the nurse or mother to compress the gluteal muscles on either side, close over the anal orifice, for two or three minutes. When thus kept in immediate contact with the inflamed, sensitive, and irritable tissue, the benefits were prompt and enduring. Tenesmus, or choreal spasm of the bowel, was arrested, pain and inflammation were allayed, and the little sufferer would rest or sleep comfortably for several hours. A repetition of the enema was made once, sometimes twice, in the twenty-four hours, with increased comfort and alleviation of all the symptoms.

In cases of this kind, as well as others, of course great attention was paid to the preparation of food, so that entozoa, infusorial, or bacterial spores in the fluid used were thoroughly sterilized. To accomplish this the milk was added to boiling water containing a little gelatin and arrow-root. The milk should not be boiled. A teaspoonful of lime-water should be put in every teacupful of this preparation, which should always be given cold. The amount of chloral used in each application was about two grains dissolved in one or two teaspoonfuls of starch water.

Along with this local treatment, two grains of oxide of zinc and three of lactopeptine in mucilage were given every five or six hours. This combination exerts a happy influence on the primæ viæ, enabling the child to digest its food more thoroughly, and controlling the number while it alters the character of the evacuations in a day or two. We are indebted to Dr. Brackenridge, of Edinburgh, for having first suggested the use of oxide of zinc in these maladies of children,—a detailed statement of cases in which he had successfully employed it

being published.—and to a more recent article in the *Glasgow Medical Journal* by Dr. I. Crawford Renton and inserted in the last number of *Braithwaite*. Some of the cases in which the foregoing treatment was carried out were of a desperate, apparently hopeless, character, but in all benefit was soon apparent, and the little patients recovered. In no instance was any preparation of opium or calomel resorted to; but I can well understand the advantages claimed for minute doses of mercuric chloride in a well-written article on "Acute Intestinal Catarrh of Infants," from the pen of Dr. Rudolph Ravenburg, of Washington, D.C., published in a recent number of a New York medical journal; and many cases might occur in which its employment, alone, or in conjunction with the treatment already detailed, might be clearly indicated.

Subjoined are the formulas used in the cases referred to.

I may add that the cold bath three times a day was invariably insisted upon, but never at a lower temperature than 80° to 85°.

R Chloral hydrate, 3 ss;

Starch water (amylum), 5 ij.

M. Ft. solut.

Sig.—Enema. One to one and a half teaspoonfuls to be thrown into the bowel from a small glass syringe.

R Zinci oxidi, 3 ss;

Puly. g. acaciæ et sacch. alb., aa 5 ij;

Lactopeptin, 3 j;

Aq. cinnam., q. s. ut. ft. 5 i.

M. S. A.

Sig.—A teaspoonful every five or six hours
Montgomery County, August 16, 1878.

—*Philadelphia Medical Times*

ON THE NECESSITY OF CAUTION IN THE USE OF CHLOROFORM DURING LABOR.

Trans. Amer. Gynecological Society, *Amer. Jour. of Med. Sciences*: Dr. Wm. T. Lusk, of New York, read a paper in which he expressed his belief that "not a small number of persons have quietly abandoned chloroform as a pain-stilling agent because some incident in their practice has led them to suspect that in spite of statistics it possesses dangerous properties." The author divides his subject according to the following heads:

"1. *Deep anæsthesia, carried to the point of complete abolition of consciousness, in some cases weakens uterine action, and sometimes suspends it altogether.*" By this effect we secure the required muscular relaxation where version is to be performed; but after turning, this very condition should be regarded as a dangerous obstacle to the immediate removal of the fetus, the inertia of the uterus endangering hemorrhage; hence the importance of waiting the removal of action by the diminution of anæsthesia. We have

especially noted this effect in many cases of labor under ether.

"2. *Chloroform, even given in the usual obstetrical fashion—namely, in small doses, during the pains only, and after the commencement of the second stage—may in exceptional cases so far weaken uterine action as to create a necessity for resorting to ergot or forceps.* I think, if statistics were to be gathered together on this point, it would be found that those who habitually use chloroform in normal labor resort to forceps with somewhat increased frequency." An enquiry would no doubt also establish the fact that this adynamic effect in sulphuric ether in labor was the main cause of the large falling off in its use, the objection coming both from obstetrician and patient.

"3. *Patients in labor do not enjoy any absolute immunity from the pernicious effects of chloroform.*" It has been so strongly contended, particularly in Great Britain, that parturient women enjoyed a special immunity against the dangers of chloroform, that this heading throws down the gauntlet to many of our trans-Atlantic medical brethren. Dr. Lusk, however, is ready to back up his opinion with cases in proof, of which he gives five, all the patients being free from cardiac or pulmonary complications.

"4. *Chloroform should not be given in the third stage of labor. The relative safety of chloroform in parturition ceases with the birth of the child.*" Dr. Lusk believes the use of chloroform dangerous in cases of hour-glass contraction, placental retention, and where the perinæum is to be sewed up, as the uterine relaxation induced favors hemorrhage. He advises against the use of the anæsthetic in cases where there has been hemorrhage to any considerable extent, even if a day has intervened, the cerebral anæmia increasing very materially the risk.

"5. *The more remote influence of large doses of chloroform during labor, upon the puerperal state, is a subject that calls for further investigation and inquiry.*" When the system becomes as it were saturated with chloroform, to be removed by an eliminative process, the secondary depressive effect of the anæsthetic may endanger the life of the woman, especially if she has become anæmic by reason of post-partum hemorrhage.

MEMORANDA FOR DIAGNOSIS OF CASES OF INTESTINAL OBSTRUCTION. BY JONATHAN HUTCHINSON, F. R. C. S.

1. When a *child* becomes suddenly the subject of symptoms of bowel obstruction, it is probably either intussusception or peritonitis.

2. When an *elderly person* is the patient, the diagnosis will generally rest between impaction of intestinal contents and malignant disease (stricture or tumor).

3. In *middle age*, the causes of obstruction

may be various; but intussusception and malignant disease, both of them common at the extremes, are now very unusual.

4. Intussusception cases may be known by the frequent straining, the passage of blood and mucus, the incompleteness of the constipation and the discovery of a sausage-like tumor either by examination *per anum* or through the abdominal walls.

5. In intussusception, the parietes usually remain lax, and, there being but little tympanites, it is almost always possible, without much difficulty, to discover the lump (or sausage-like tumor) by manipulation under ether.

6. Malignant stricture may be suspected when, in an old person, continued abdominal uneasiness and repeated attacks of temporary constipation have preceded the illness. It is to be noted, also, that the constipation is often not complete.

7. If a tumor be present and pressing on the bowel, it ought to be discoverable by palpation, under ether, through the abdominal walls, or by examination by the anus or vagina, great care being taken not to be misled by scybalous masses.

8. If repeated attacks of dangerous obstruction have occurred, with long intervals of perfect health, it may be suspected that the patient is the subject of a congenital diverticulum, or has bands of adhesion, or that some part of the intestine is pouched and liable to twist.

9. If, in the early part of a case, the abdomen becomes distended and hard, it is almost certain that there is peritonitis.

10. If the intestines continue to roll about visibly it is almost certain that there is no peritonitis. This symptom occurs chiefly in emaciated subjects, with obstruction in the colon of long duration.

11. The tendency to vomit will usually be relative with three conditions and proportionate to them. These are: (1) the nearness of the impediment to the stomach, (2) the tightness of the constriction, and (3) the persistence, or otherwise, with which food and medicine have been given by the mouth.

12. In cases of obstruction in the colon or rectum, sickness is often wholly absent.

13. Violent retching and bile vomiting are often more troublesome in cases of gall-stones or renal calculus, simulating obstruction, than in true conditions of the latter.

14. Faecal vomiting can occur only when the obstruction is moderately low down. If it happen early in the case, it is a most serious symptom, as implying tightness of constriction.

15. The introduction of the hand into the rectum, as recommended by Simon of Heidelberg, may often furnish useful information.

MEMORANDA FOR TREATMENT OF CASES OF
INTESTINAL OBSTRUCTION.—BY JONATHAN
HUTCHINSON, F.R.C.S.,

1. In all early stages, and in all acute cases, abstain entirely from giving either food or medicine by the mouth.

2. Use anaesthetics promptly. Put the patient under the full influence of ether; examine the abdomen and rectum carefully before tympanites has concealed the conditions; administer large enemata in the inverted position of body; and, if advisable, practice abdominal taxis. If you do not succeed at first, do it repeatedly.

3. Copious enemata, aided, perhaps, by the long tube, are advisable in almost all cases, and in most should be frequently repeated.

4. Fluid injections may be sometimes replaced by insufflation of air in cases of invagination, since air finds its way upwards better, and is more easily retained. It is, however, somewhat dangerous, and has, perhaps, no advantage over injections with the trunk inverted.

5. Insufflation is to be avoided in all cases of suspected stricture, since the air may be forced above the stricture, and there retained.

6. Saline laxatives are admissible in certain cases where impaction of faeces is suspected and in cases of stricture where fluidity of faeces is advisable.

7. Opium (or morphia) must be used in proportion to the pain which the patient suffers. It should be administered by the rectum or hypodermically, and should be combined with belladonna. If there be not much pain or shock, it is better avoided, since it increases constipation, and may mask the symptoms.

8. A full dose of opium administered hypodermically will put a patient in a favorable condition for bearing a prolonged examination under ether, and attempts at abdominal taxis.

9. In cases of uncertain diagnosis, it is better to trust to the chance of spontaneous cure or relief by repeated abdominal taxis, than to resort to exploratory operation, or, in desperate cases, iliac enterotomy should be done. Operations for the formation of an artificial anus in the right or left loin may be performed whenever the diagnosis of incurable obstructive disease in the lower bowel is made.

10. The operation for the formation of an artificial anus through the anterior part of the abdominal wall and into the small intestine should be resorted to only in certain cases of insuperable obstruction, in which the seat of disease is believed to be above the caecum.

11. In all cases in which the precise seat of disease is doubtful, but the large intestine is suspected the right loin should be preferred. If the colon here be found to be empty, the peritoneum may be cautiously opened,

and a coil of distended small intestine brought into the wound.

12. My last suggestion as to the treatment is one which, speaking as I do in a medical section, I feel some delicacy in making. It is, however, I believe, a very important one, and it is this, that cases of mechanical obstruction are really surgical and not medical cases. They require manipulative measures both for diagnosis and for treatment, and they require them early. It is difficult to explain why it has come about that, as a rule, a physician is called in first, and nothing but drug treatment usually adopted in the early periods: and it is, I am convinced, much to be regretted. The surgeon is but too often asked to see the case only in the last stage, when it is thought that perhaps an operation may be desirable. At this period the abdomen is distended, and an accurate diagnosis impracticable; but, what is worse, the stage at which abdominal taxis is most hopeful has passed. My remarks do not, of course, apply when the medical attendant possesses the knowledge and exercises the functions of both branches.—*Brit. Med. Jour.*

TREATMENT OF CHRONIC ALCOHOLISM.

Dr. d'Aneona, of Italy, concludes that:

1. Phosphorus is a very useful remedy in the treatment of chronic alcoholism.

2. The medicine is perfectly tolerated in doses which no one has dared to give heretofore—ten centigrammes (nearly $1\frac{1}{2}$ grains) a day for many weeks.

3. The remedy gives to drinkers a feeling of comfort and strength, and furnishes the force necessary to carry on their organic functions, which they have been accustomed to get from alcoholic liquors.

4. The medicine seems also to have the properties of a prophylactic and an antidote, for it causes very beneficial changes in the system, even when the use of liquor has not been entirely stopped.

He uses phosphorus in the form of phosphide of zinc.—*Druggists' Circular.*

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

(Report prepared for the *N. Y. Hospital Gazette.*)

PELVIC CELLULITIS.

If the attack cannot be aborted by a full hypodermic dose of morphia and twenty grains of quinia by the mouth administered immediately after the appearance of the first symptoms, the abdomen is painted with iodine and a poultice is applied. In most cases the quinia is made a routine treatment, some thirty grains being given in the course of each day. Large doses of morphia are also continued. Where the case is one of marked plethora, neutral mixture and

some preparation of ipecac are combined with the morphia. Occasionally tonics are administered. If the local tenderness still persists at the end of a week's time, a blister is applied over the tender spot. In the later stages of the disease the following prescription is used with marked advantage, viz :

R Mist. glycyrrhizæ comp. ʒ vj.
Ammoniaë muriatis, ʒ ij.
Hydrarg. chloridi corrosivi, gr. i.

M. Tinct. aconiti radialis, gtt. xxiv.

S. A tablespoonful in water, every six hours.

In making use of a poultice, if covered with oiled silk, or greased brown paper, one is found to remain soft for twenty four hours.

AMENORRHOEA.

In amenorrhœa from anæmia and chlorosis, the following prescription embodies the hospital practice :

R Pulv. ferri sulphat.,
Potassii carb. puræ, aa. ʒ ij.
Mucil. tragacanthi, q. s.

M. Et div. in pil. No. 48.

S. To be given daily in doses gradually increasing until three pills are taken after each meal.

This gives the large quantity of twenty-two and a half grains of the dried sulphate of iron per diem.

To counteract the possible costive effect of the sulphate of iron this aperient mixture is given :

R Pulv. glycyrrhizæ rad.
Pulv. sennæ, aa ʒ ss.
Sulphuris sublim.
Pulv. fœniculi, aa ʒ ij.
Sacchar. purif., ʒ jss.

S. One teaspoonful in half a cupful of water at bed-time.

Where the disease is due to torpidity of the ovaries this prescription is used :

Ex. aloës, ʒ j.
Ferri sulphat. ex. sic., ʒ ij.
Assafœtidæ, ʒ iv.

Signe. One pill after each meal. This number to be gradually increased to two and then to three pills after each meal. If the bowels are at any time over affected, return to the initial dose of one pill after each meal.

HABITUAL CONSTIPATION IN THE FEMALE.

At night the patient is given ten grains of blue mass, and this is followed by two tablespoonfuls of castor oil early the next morning. If this does not remove all the hardened feces, a "gravity injection" is administered, filling up the entire lower bowel.

As regards after-treatment, the woman is taught to go to stool regularly every day, and to eat certain kinds of food only. If medicine be required the following prescription is ordered :

R Ext. colocynth. comp., gr. xii.
Pulv. rhei, gr. vj.
Ext. belladonna, gr. jss.
Ext. hyoseyami, gr. iij.

M.

Et in pil. No. VI divide.

S. a pill at bedtime.

In some cases $\frac{1}{20}$ of a grain of strychnia is added to each pill with benefit. Iron is eschewed entirely by reason of its very constipating effect. For local treatment the woman's groins and abdomen are daily rubbed several times with a flesh brush, or rough bag of camel's hair.

PERIMETRITIS.

The first thing done is to put the woman in bed and keep her quiet. Flying blisters are then applied locally over the abdomen. Cantharides and collodion are painted first on a spot about the size of a silver dollar right over the womb. As soon as the blister begins to draw, a mush poultice is applied. The loose skin over the blister is cut open, and if the skin comes away, cotton is put over the raw surface. After three days another blister is put on, this time, over the left side of the abdomen ; then another on the right side ; then a beginning is made again with a blister over the womb.

As regards internal remedies, one-twenty-fourth of a grain of the bichloride of mercury, with ten grains of the muriate of ammonia, are given three times each day in the mist. glycyrrh. comp. A pessary of cotton is constructed which can be so adjusted as to hold the womb up. This cotton is dipped in a solution containing three-quarters of a grain of morphia to the drachm of glycerine. The morphia allays the pain and reduces the inflammation, and the glycerine usually sets up a copious watery discharge from the vagina. Iron is not employed until late in the progress of the disease.

After the inflammation is subdued the patient is put upon the following mixture :

R Hydrarg. chloridi corros., gr. j.
Liq. chloridi arsenitis, f ʒ ss.
Mist. ferri chloridi
Acid. muriat. dil., aa f ʒ ij.
Syrupi, f ʒ iij.
Aquæ, q. s. ad f ʒ vj.

M.

S. On tablespoonful after each meal.

SCIATICA.

Where there is distinct local inflammation, large doses of iodide of potassium and minute doses of the bichloride of mercury are administered. To cause absorption of inflammatory matters inside the sheath, severe blistering, or the actual cautery, is employed. The actual cautery has great absorbent action and powerfully relieves over-sensibility of the nerves. Another treatment often employed is by hypo-

dermic injections of morphia and atropia into the adjacent muscular structures. For this purpose at this hospital from one-sixth to one-fourth of a grain of morphia, and from one-ninetieth to one-sixtieth of a grain of atropia are used. In some cases the most excellent results have been derived from the hypodermic injection of from eight to twelve minims of chloroform. In injecting this drug great care is had to keep the needle out of the way of the arteries.

Galvanism relieves pain very quickly in some instances. The mode of application is with the positive pole to the seat of the pain and with the negative pole along the nerve trunk. Where the muscles are wasted the Faradic current is the best.

TEMPORARILY IRREDUCIBLE HERNIA.

If the irreducibility is due to the distention of the sac by air, or fæces, the endeavor is made to dislodge the sac's contents at once. The patient is placed on his back, his shoulders elevated, thighs flexed on the abdomen, and gentle compression instituted over the region of the tumor. This compression is made with great care and very gradually. If, at the end of fifteen minutes, a little yielding is felt and a slight gurgling sound heard, the prognosis is good.

If this gentle compression is not followed by good results it is stopped and something else tried. In the case of an inguinal hernia some leeches are placed over the course of the spermatic cord; if femoral, they are put above the saphenous opening, and a cold water dressing applied.

If the case is still obstinate, the patient is kept quiet on his back, and the following prescription given.

R	Pulv. opii.,	gr. j.
	Ext. belladonnæ,	gr. ss.
	Ext. aloes.	
	Pulv. rhei,	aa. gr. ij.
M.	Et in pil. No. IV divide.	

S. One pill every hour.

The cold water dressings are kept over the part. In the course of eight hours an injection is given. In cases where the stomach will retain anything, castor oil is given in doses of two teaspoonfuls, every two or three hours, as a cathartic.

ERGOTIN SUPPOSITORIES.

The following formula is that very generally used by practitioners in Ireland:—

R	Hard soap,.....	5 j.
	Water,.....	℞xxx.
	Ergotin,.....	gr. xxxij.
	Glycerin,.....	5 ss.

Dissolve the soap in the water, with a gentle heat, and add the glycerin; evaporate, to get rid of the water, add the ergotin, and pour into moulds. By this manipulation a nice suppository is obtained, which is difficult to make with glycerin alone.—*Medical and Surgical Reporter.*

AN IMPROVED ANÆSTHETIC.

CARRON OIL IN ANAL FISSURE.

This painful affection, which has heretofore resisted almost all forms of treatment by local applications, has been successfully managed by Carrère, who states in *Annales de la méd. de Gand* that he applies the mixture of lime water and linseed oil, so commonly used in burns. This is done several times daily, and in all cases he has obtained a cure in at farthest eight days.—*Allg. Med. Cent., Zeit., No. 2, 1878.—The Clinic.*

SICK-ROOM COOKERY.

Cooking for the sick is a branch of the culinary art differing in some important respects from that for people in health. Everything must be seasoned very faintly, and condiments and spices that would provoke appetite in a healthy subject will prove distasteful to a sickly one, and may even aggravate certain disorders. Little sugar, absolutely no salt, and pepper, if at all, in the smallest proportion, should be the rule; and the exception must be in cases where the nurse of her own knowledge, or acting under the doctor's orders, is certain that no harm will follow.

Vegetables are rarely suitable for invalids; stewed fruits, on the contrary, are medicinal, and often highly beneficial. Authorities differ greatly in their estimate of starchy foods, some of them going the length of saying they are in no sense nutritious, and if taken alone must lead to starvation. Miss Nightingale says of arrowroot "that it is useful only as a vehicle for administering wine," etc. But that opinion was formed some years ago, and we may reasonably suppose that she has since seen cause to alter it, for people have been known to live for a month at a time entirely on arrowroot and water, and have been grateful to starchy food ever after.

Arrowroot and corn starch, from the delicacy of their structure, are now believed to be most useful agents in the sick room. Of the two relatively, arrowroot is found, on the whole, to be most nourishing, and corn starch easiest of digestion, but the former does not pall on the stomach so soon as the latter. Oatmeal gruel, however, as an invalid food, must be placed higher on the list than either arrowroot or corn starch.

When a weakened appetite turns at a too frequent repetition of the same food, the nurse should contrive some harmless novelty to tempt the sick palate. It is also her duty to regulate the patient's diet; and while attending minutely to the prescribed quantities of the medicines ordered, she may exercise her own discretion to a certain extent in regard to food, provided she has some knowledge of the effects of different articles of diet on the human body.

Beef-tea is too well known to need any special recommendations, but it is often spoiled in the making. One ounce of beef to six table-spoonfuls of water is a fair proportion for a good article. Cut the meat into dice, put it into a stewpan, and add the water cold. Certain components of the beef are soluble in cold water; therefore let it stand ten minutes, then put it to heat very gradually, and at last boil it ten minutes. Chicken for broth should be boiled six hours in a covered stone jar set into a pan of boiling water. Gelatine (which was for a long time considered as absolutely innutritious, but is now recognized by the best authorities as a valuable food) renders beef-tea or chicken broth more nourishing and, as a change, more acceptable to the patient. Soak a quarter of an ounce of gelatine in a quarter of a pint of cold water, add it to a cupful of the tea or broth, and stir it over the fire till the gelatine is dissolved; when cold it will be a firm jelly.

Tea, though included in the dietary of the sick room, is practically of little use there, and the experienced nurse hails it as a sign of returning health when the taste for it returns to the invalid. Cocoa is more generally agreeable to the sick, and also more nourishing.

The following recipes for sick-room cookery are selected from English sources, and may fitly form an appendix to what has already been said on the subject:—

Restorative Jelly.—Put 1 oz. isinglass, a half-dozen cloves, 4 oz. pounded gum arabic, 2 oz. sugar, and half a pint of the best port wine into a bowl. Let the mixture stand covered up for a night: then put the bowl into a saucepan of boiling water, and let it remain till the isinglass and gum arabic are completely dissolved. Pour through a piece of muslin; let it stand till cold, then cut up into squares.

Invalid Custard.—The yolks of three eggs and the white of one beaten up with $1\frac{1}{2}$ gill of milk, put into a buttered teacup and steamed ten minutes.

Invalid Pudding.—While the ordinary cook always uses beef suet, the sick-room cook, if she knows her business, takes mutton suet as being lighter and more digestible. For the pudding, take 2 oz. of mutton suet, 2 oz. flour, 2 oz. bread crumbs, 2 eggs, and one small cup of milk; a little sugar may be added if the patient has no distaste to it; put the mixture into a buttered mould, and steam for one hour.

Arrowroot Pudding.—Beat a dessert-spoonful of dry arrowroot with a table-spoonful of cold milk. then pour a half pint of boiling milk over it, and stir well; when this has cooled, drop into it the yolks of two eggs; sugar to taste, and bake lightly in a buttered dish.

Invalid Lemonade.—Wipe the lemons, cut off the yellow part of the peel as thin as possible, and put it into a pitcher. Cut off all the white and throw it away, together with the seeds, or

the lemonade will be bitter: slice the lemons, and put them into the pitcher, with a few lumps of sugar, and pour about a pint of boiling water to each lemon over it. Cover closely and let it stand till next day.

Wash for the Mouth.—Dissolve a spoonful of black currant jelly in half a cup of hot water, and add two lumps of sugar. Keep in the mouth as long as possible, but do not swallow it. It will give relief when the tongue is dry or the mouth foul.

Oatmeal Tea.—This is a good drink in sickness, as it both nourishes and refreshes. Put three table-spoonfuls of meal into a quart jug with a small pinch of salt. Mix with a little cold water, and then fill up with boiling water, stirring briskly the while. Let it stand to settle, and use either hot or cold. This also makes a capital drink for the harvest or hay field, and the less salt put into it the better.—*Boston Journal of Chemistry.*

ENLARGED PROSTATE.

Dr. Atlee, in a paper read before the Philadelphia County Medical Society, on enlarged prostate, lays down the three following propositions, with remarks following:

1. That the prostate and its vessels are possessed of unstriped muscular fibre.
2. That the bladder is a hollow organ with an involuntary muscular coat.
3. That ergot will contract unstriped or involuntary muscular tissue, as it does in the uterus.

Therefore, as a corollary, ergot ought to be a remedy for enlarged prostate and its effects.

This was the theory upon which I based practice, and, whether the rationale is correct or not, my experience in the use of ergot in such cases had been most satisfactory. Several patients over sixty years of age have been treated with ergot, and have been able to lay aside the catheter after having been the victims of its daily use. When called to a case of retention from enlarged prostate, my rule is first to relieve the bladder by means of the catheter, and follow this immediately by ordering twenty drops of fluid extract of ergot every four hours, until the patient gets entire control over his bladder. Until this is accomplished, I continue to relieve him with the catheter every twelve hours. As his power of urination is restored, I diminish the frequency of the medicine, and gradually end in giving a dose every night. A gentleman, who died last month, at the age of ninety-two, was exceedingly ill in August, 1872, in consequence of retention of urine from enlarged prostate, and had to be regularly catheterized for relief. He was placed upon the above treatment, and in a few days was able to do without his catheter. His urinary organs were kept in a good condition by taking a dose of ergot every night, and he enjoyed much better health in consequence, and died recently of old age. I mention this case

in particular, because a post-mortem examination proved to me that the prostate had been diminished in size by treatment.

In these cases, it is very common for sedimentary deposits to accumulate in the bladder, which becomes a source of irritation and discomfort, and, if the organ should fail to expel its contents entirely, it is best every few days to introduce the catheter to remove them.—*Southern Medical Record*, Aug., 1878.

BORAX AND NITRATE OF POTASSIUM IN SUDDEN HOARSENESS.

These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. The remedy is recommended to singers and orators whose voices suddenly become lost, but which by this means can be recovered almost instantly. A little piece of borax the size of a pea is to be slowly dissolved in the mouth ten minutes before singing or speaking: the remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in a warm solution before going to bed.—*La France Medicale* and *Phil. Med. Times*.

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LACTOPEPTINE.

Referring to this valuable preparation, the *Western Lancet* (San Francisco) says: Amongst the many preparations being recommended to the Profession for the treatment of impaired digestion, gastric irritability, etc., we have found few to equal *Lactopeptine*. We have recently been prescribing it to impart tone to the stomach and allay that distress so commonly experienced after eating by those convalescing from gastric and enteric fevers with most satisfactory results. We have also been using it for some time amongst children suffering from impaired digestion, as the result of improper food, with very decided benefit, and, from our experience, desire to direct the attention of the Profession to its use where indicated, feeling confident they will agree with us in pronouncing it a most valuable therapeutical agent. *Western Lancet*, San Francisco, July, 1878.

THE HABITUAL MAGNANIMITY OF THE PROFESSION.

The London *Medical Examiner* of the 1st of August says:—

There is no class of men who so consistently "cut their own throats," so to speak, as the doctors. No class of men are so willing, nay, so eager, to give up their own advantage if they can only secure thereby the public good. A sharp epidemic of small-pox would bring thousands into the doctors' pockets, and yet it is the doctors who are the chief and the most persevering advocates of vaccination, when a little supineness on their part would soon leave the public unprotected. Nothing is more paying to the practitioner than a long case of typhoid, or a well-to-do family down with scarlet fever, and yet it is the medical profession which is most eloquent in preaching the sanitary gospel. A nice little income may be derived from the disorders incidental to young men, and yet the doctors are the only class who unanimously hold sound opinions on the Contagious Diseases Acts question. Cases of delirium tremens, again, are windfalls to the struggling practitioner, but he is doing all he can to abolish such cases forever. It is hardly necessary for us to add further instances of the single-mindedness which laudably distinguishes the medical practitioner; it is enough to say that the whole profession would, with one voice, cry out against one of their members who was caught in the act of preferring his own advantage to that of his patient, and that more than once doctors have been openly disavowed by their *confrères* on the mere suspicion of such conduct.

THE MICROPHONE DISTANCED.

Gallignani's Messenger: The last scientific story is told thus: The *Saturday Review* once declared that the greatest benefactor of the human race would be he who could enable men to drink an unlimited quantity of wine without getting drunk. Such a man has been found. Dr. Bell invented the telephone, but its wonders pale before the telegastograph. This is an electrical machine by which the palate can be tickled and pleased by any flavor, and for any length of time, without fear of indigestion or inebriety. By putting soup or fish or wine into a receptacle connected with a powerful battery, the taste of the daintiest viands can be conveyed along a telegraph wire for miles.

and to an unlimited number of *bons vivants*. They have only to put the wire into their mouths, and they seem to be eating and drinking. They may get drunk or over-fed, but the moment the contact is broken the evil effects pass off, and nothing remains but "a delightful exhilaration." The inventor, however, keeps the *módus operandi* a perfect secret, and wishes to perfect his discovery before he discloses it to the world.

REVIEWS.

Transactions of the American Gynecological Society, Vol. 2, for the year 1877. Houghton, Osgoode & Co., Boston, Mass.

The handsome appearance of this work renders it attractive, while internally, owing to the soft tint of the paper and the clear and distinct printing, the reading matter is pleasing and does not fatigue the eye. Scattered throughout are numerous illustrations, among which are twelve chromo-lithographs of great beauty. This volume contains nearly 700 pages, being larger than the first by 150 pages. It is replete with excellent and instructive knowledge, and certainly after a careful perusal of its contents we feel convinced that no practitioner or gynecologist can well afford to be without it. Many of the articles alone are worth its cost, and its publication will bring upon the practice of American gynecologists the highest respect and renown, as the papers therein contained are generally the result of special study. Many of the authors have gained deserved eminence in this special branch of medical science, and from observation and experience are entitled authorities on the subjects discussed.

These papers were presented at the meeting of the Society held at Boston, May, 1877, and are printed in the following order, being preceded by the Table of Contents, a list of Officers and Fellows, and the Minutes of the past meeting.

The President, Dr. Fordyce Baker of New York, gave the annual address, his subject being Medical Gynecology. After alluding to the success and leading position which the Society had attained, and upon the value now belonging to the Honorary Fellowship due to the restriction placed upon the members elected, he called attention to the fact that the therapeutical treatment of uterine disorders has been com-

paratively neglected or overlooked. Without deprecating the value of surgical gynecology he considered that surgical success was attended with dangerous tendencies, for the *éclat* of operations lead to unnecessary interference. In uterine displacements it was shown that such may exist without giving rise to any abnormal symptoms; that uterine pathology had little attention paid it in comparison to the mechanical treatment, for he found that since 1845, "102 men have sought immortality by devising new forms of pessaries." In referring to Battey's operation, two cases are cited which might be supposed to call for such interference, but which were cured by other means.

The Functions of the Anal Sphincters, so-called.
JAMES R. CHADWICK, M.D., Boston.

The author shows that the so-called internal sphincters are but a part of the general circular fibres of the intestines, are not under the control of the will, and their function is limited to the expulsion of the feces. He deduces the fact that the obstructions met with in passing a bougie up the rectum are caused by the detrusor muscles which form pouches, and that such difficulty may be overcome by using a curved tube and rotating it during its introduction.

Amputation and Excision of the Cervix Uteri.
JOHN BYRNE, M.D.

The difference between these operations are defined, an historical sketch being also given. The methods adopted are clearly put forth, especially the claims of the galvano-cautery being advocated. His successful experience of a large number of cases enables him to speak with authority. The value of such operations in malignant disease, in longitudinal hypertrophy and hyperplasia is shown by reported cases.

Report on the Corpus Luteum. JOHN C. DALTON, M.D.

Illustrated by twelve valuable plates showing the exact appearance of the ovaries at different periods after menstruation and during pregnancy, accompanied by reports of the cases from which the specimens were taken post mortem. It is shown that during pregnancy, owing to an arrest in the development of the ova, only one corpus lutea is formed after the middle period, while during regular menstruation several are found to co-exist in the ovaries. This is a long and valuable paper.

Pathology and Treatment of Puerperal Eclampsia. PROF. SPIEGELBERG of Germany. A translation.

The author states that true eclampsia depends upon uremic poisoning in consequence of deficient renal secretion due to renal disease, and that the increased arterial pressure is consecutive to the attack and not, as in the theories of Rosenstein and Traube, resulting from effusion and compression produced by a sudden increase of arterial pressure in hydromic patients. In the treatment chloroform is highly recommended. Bleeding occupies a prominent place, and morphia and chloral in combination are advised.

Dilatation of the Cervix Uteri for the Arrest of Uterine Hemorrhage. GEORGE H. LYMAN, M.D. Five cases reported.

His opinion is that the hemorrhage is caused by constriction of the inner os, producing congestion and strangulation of the vessels above, and that dilatation relieves this condition.

Principles of Gynecological Surgery applied in Obstetric Operations. By DR. SKENE.

The advantages of the left semiprone position and the use of Sims' speculum are advocated in obstetrical operations, as it allows of using the sense of sight in difficult cases as craniotomy, prolapse of funis, &c. The suggestions are of great value to the obstetrician.

Researches on the Mucous Membrane of the Uterus. By DR. ENGELMANN.

In this the assertion is made that in membranous dysmenorrhœa only the upper layers of the uterine mucosa and not the entire membrane passes off with the discharge.

On the Necessity of Caution in the Employment of Chloroform During Labor. DR. LUSK, of New York.

The danger of the too indiscriminate use of chloroform is pointed out. That if loss of consciousness becomes complete uterine action is weakened or suspended, and in some cases the use of ergot or the forceps is thereby obliged to be resorted to. It is also shown that, contrary to the generally received opinion, patients in labor do not enjoy any absolute immunity from the pernicious effects of chloroform: to support this a number of cases are reported where death was only averted by artificial respiration. Cases are also reported where no other cause of death could be found. He is also of the opinion

that it should not be given during the third stage of labor.

The Intro-Uterine Stem in the Treatment of Flexions. DR. VAN DE WARKER.

A valuable paper advocating its use. It is replete with information pertaining to this treatment. The discussion which follows covers twenty-eight pages, and is of the highest value, as it gives the opinions of many of the ablest American gynaecologists.

A Case of Vaginal Ovariectomy. By DR. GOODELL. *Is there a Proper Field for Battey's Operation?* By DR. BATTEY.

Sub-Sulphate of Iron as an Antiseptic in the Surgery of the Pelvis. By DR. WILSON, of Baltimore, Md.

The author advocates the use of Monsell's solution as the best agent known as a prophylactic to septicæmia applied to wounded surfaces where union by first intention is not desired. He regards it as soothing rather than irritating, and considers its antiseptic power to be as great as its hemostatic, and uses it more for the former purpose.

A Case of Ovariectomy, followed by Fatal Tetanus. DR. PARVIN, of Indianapolis, Ind.

A short paper to which is appended a table of cases occurring in the practice of different operators. The details show, out of sixteen enumerated, only one recovery. So few are the cases reported in proportion to the number of operations performed, that it is looked upon as a very rare complication and a fatal one.

Sarcoma of the Ovaries. DR. ATLEE.

Four cases of this rare disease are reported, and the conditions on which a correct diagnosis may be deduced are given.

The Value of Electrolysis in the Treatment of Ovarian Tumors. By PAUL F. MUNDÉ, M.D., New York.

This is a long and exhaustive treatise on the subject. Numerous cases are given, and the conclusions arrived at are adverse. He does not think that electrolysis can supplant ovariectomy, and that it is like trifling with lives to try these electrical experiments.

Congenital Absence and Accidental Atresia of the Vagina. By DR. EMMET, of New York, with reports of cases.

A Case of Sarcoma of the Kidney in a Negro Child. DR. GEDDINGS.

The Hystero-neurosis. By DR. ENGELMANN, of St. Louis, Mo.

In Memoriam Dr. C. E. Buckingham. By DR. LYMAN, of Boston.

The remaining papers were presented to the Council by the candidates elected to Fellowship of the Society at its second meeting.

DR. KIMBALL on *Cases Illustrating Important Points connected with Ovariectomy.*

DR. WILSON on *The Radical Treatment of Dysmenorrhœa and Sterility by Rapid Dilatation of the Canal of Cervix.*

The results obtained are satisfactory, and recommend this procedure as more safe and less tedious than by incisions, tents or bougies.

Dr. Uvedale West's Views of Rotation. By DR. REYNOLDS.

DR. JACKSON on *Vascular Tumors of the Female Urethra.*

DR. REAMY on *The Simpler Varieties of Perineal Laceration.*

He draws the conclusion that these lacerations are often unrecognized by physicians; that they never heal by first intention unless aided by surgical closure, and that cicatricial and other deformities are left as a result of healing by granulation. This latter condition induces bodily and mental disease. That to obtain a perfect cure an operation is required, and this should be done at the time of the accident or as soon as possible.

DR. GARRIGUES on *Lying-in Institutions, especially those of New York.*

This is an enquiry into the working of such hospitals, the general conclusion being that, when properly managed, large hospitals need not be feared.

DR. GOODMAN on *The Menstrual Cycle.*

At the end of the book a valuable Index of Gynæcological Literature is given, comprising all the works published from July, 1876, to January, 1877.

In conclusion, we would again recommend this work to our readers.

PERSONAL.

Dr. Osler, Professor of Physiology in McGill University, has been admitted a member of the Royal College of Physicians, London, England.

Dr. Craik, Professor of Chemistry, McGill University, returned from a four months trip in Europe early in October.

Dr. Stewart (M.D., McGill College; 1869), of Plainfield, Ont., sailed for Europe by Allan Line on the 12th of October.

Dr. John Brodie (M.D., McGill College, 1876) has been appointed Demonstrator of Anatomy in Bishop's University, Faculty of Medicine.

Dr. John A. Hutchison (M.D., McGill College, 1878) has been appointed Assistant Demonstrator of Anatomy in Bishop's University, Faculty of Medicine.

MEDICO-CHIRURGICAL SOCIETY.

October 4th, 1878.

The Annual Meeting of the Medico-Chirurgical Society of Montreal was held this evening in the Library of the Natural History Society.

The President, Dr. F. W. Campbell, was in the chair. There were present: Drs. Angus, McDonnell, Reddy, Hingston, Edwards, Kennedy, Oakley, Bessy, Proudfoot, Blackader, Osler, Roddick, Molson, McConnell, Ross, Armstrong, Guerin, Bell, Osler, Finnie, Richard MacDonnell.

The minutes of the last annual and of the last regular meeting were read and approved.

The Treasurer read his Annual Report, which showed the financial condition of the Society in a prosperous state, and this notwithstanding an unusually heavy expenditure.

It was audited by Drs. Molson and Blackader, and met with the approval of the Society.

Dr. OSLER exhibited three pathological specimens:

I. Congenital stenosis of pulmonary artery with enlarged ductus arteriosus.

II. Hypertrophy of the heart without valvular disease, with scarcely any emphysema. The patient, æt. 60, a carpenter, of very active habits, had died in the Montreal General Hospital.

III. Intestines in the 20th day of typhoid fever. There was no actual ulceration, but merely medullary infiltration of the patches.

Dr. HINGSTON read a paper entitled "Inflamed Joints."

In the course of discussion which followed, Dr. Kennedy mentioned a case of hip disease in

which there was very strong evidence to prove the tubercular origin of the disease. Dr. Roddick was of opinion that hip disease was generally, in fact almost always, purely traumatic in origin. Extension he considered absolutely necessary in diseases of ball and socket joints. Both too much extension and too little extension were mischievous. He was fond of using the actual cautery in joint diseases.

Dr. REDDY spoke in favor of the application of ice to inflamed joints.

Dr. PROUDFOOT mentioned that in Boston surgeons preferred extension to rest. Sandbags and weights were used.

Dr. RODDICK said that this was the practice in the Montreal General Hospital.

Dr. HINGSTON said that by the term inflamed joints he did not mean synovitis alone. Cases of synovitis tend to recover of themselves, and it is hard to say what part the treatment takes in the recovery. He spoke in favor of the traumatic origin of hip disease. More than once he has seen extension too long kept up produce injury of joints, permanent and incurable. He advocated counter-irritation in chronic cases only.

A vote of thanks to the reader of the paper was moved by Dr. Ross, and seconded by Dr. RODDICK.

The President, Dr. F. W. Campbell, delivered his annual address as follows:—

GENTLEMEN,—One year ago you honored me by electing me President of this Society—the highest position in the power of the profession of this city to bestow. The responsibility which was thus placed on my shoulders I have endeavored, during the past twelve months, to discharge to the best of my ability, and to-night I resign into your hands the charge with which you then entrusted me. The progress which our Society has made during that time has not been distinguished by anything very brilliant, and yet we have not been stationary. Very large increase in numbers we could not expect for we already had on our list of membership almost every English practitioner who is actively engaged in the pursuit of his profession. It is, however, satisfactory to know that this evening we have on our roll eight new members, who were not with us a year ago. This increase has been entirely among those who, just having entered the profession, have selected Montreal as the scene of their future usefulness. It is a fact worthy of being mentioned, that hardly had they settled down, before these gentlemen applied for admission among us. That they did

so, hoping within these walls not only to become acquainted with their fellow practitioners, among whom their lot had been cast, but to still further gather fruit, by mingling among those who, longer than themselves, had been engaged in the noble profession of medicine, should be a still further stimulus for us to render even more attractive our fortnightly meetings. I wish, indeed, that it were in the power of this Society to carry into effect what I know is the wish of some of its members, and which was so eloquently alluded to by my friend, Dr. Fenwick, my predecessor in this chair, on his retiring from it, viz., securing a comfortable room for the sole occupancy of this Society, on the table of which would be found many of the prominent Medical Journals of the day. Were the acquisition of the room a feasible thing, no difficulty would attend the latter part of the suggestion, for he, as well as myself, would be glad to supply them. But I fear that, unless the members of this Society are prepared to open their hearts, and at the same time their pockets, we must, for the time, give up the idea. As, perhaps, will be remembered by some, a Committee was, some months ago, appointed to take this matter into serious consideration. I was a member of that Committee, and, after looking at several eligible rooms, I ascertained that it would require a sum fully double the present income of the Society to carry out the idea which was suggested. Until times improve, and our "Great National Policy" brings smiles and gladness to the thousands who now cannot pay the doctor, I fear we must wait. But while we wait, let us not forget it. Let us, on the contrary, keep it before our minds, as one of the ambitions of the Society, and, perhaps, its realization may be nearer than I think of. We have had, during the year, nineteen meetings, with an average attendance of eighteen members, which is a somewhat better record of attendance than the previous year shows, which was but fifteen. I had hoped that my earnest appeal to the members, when I assumed this chair, would have had more effect, and that we would have had at least an average of over twenty. But, although there has been an improvement noticeable, it is little more than would seem to follow our increased membership. Now that I am speaking from this chair for the last time in my official capacity, I would urge upon every member, the—in my opinion—imperative duty, which devolves upon them, even at a sacrifice, to support in every possible way the interests of this Society. Let each of us feel, if overwrought nature should tempt us to stay at home, that, perhaps, the very getting of a quorum depends upon our being there. If we could only feel in this way, how soon would this room not be large enough to hold the numbers who would be present, and the enthusiasm thus kindled would react in a dozen different

ways for the benefit of the Society, till its reputation, and that of its members, would extend from one end of the Dominion to the other. Gentlemen, do not think that I am speaking in too glowing terms of what might be. As certainly as the sun shall rise to-morrow morning, just as certainly would occur what I have sketched, did we as members do our duty, our whole duty. Let us resolve to-night that the Medico-Chirurgical Society of Montreal shall be a beacon light to the profession of the Dominion. That its rooms every fortnight shall be the place longed to be visited by every medical visitor to our city. If we do so, the result can be accomplished; the object is worthy, I assure you, of our highest emulation.

During the year which is past, we have not met quite as often as we did during the previous one; but during the very intense hot weather, it was found quite impossible to obtain papers, and in reality the Society adjourned during June, July and August. I have already said we met nineteen times during the past year; the previous year there was twenty-four meetings. Many interesting papers were read during my occupancy of the chair. When I give you the names of the subjects which have engaged our attention, you cannot, I think, help being struck with the fact that much valuable practical work has been done by many of our members. I trust that during the year to come, those who have laid me and the Society under obligation will continue actively in the same way to aid my successor in office. The following is a list of the papers read:—

Medical Jurisprudence of Insanity, by Dr. Hy. Howard; Antiseptic Cases, by Dr. Roddick; Tracheotomy in Diphtheria, by Dr. John Bell; Tubercular Meningitis, by Dr. Wm. Fuller; Some of the Sequelæ of Pleurisy, by Dr. Blackader; a case of Idiopathic (so-called) Hypertrophy and Dilatation of the Heart, by Dr. Osler; Remarks on Electro Therapeutics, by Dr. Donald Baynes; Bermuda as a Health Resort, by Dr. Kollmyer; Mental and Moral Science, with some remarks on Hysterical Mania, by Dr. Henry Howard; Systolic Brain Murmurs in Children, by Dr. Osler; Keratotomy, by Dr. Buller; Excision of the Uterus, by Dr. Trenholme; Cerebral Disease with Aphasia, by Dr. George Ross; Tracheotomy in Croup, by Dr. W. Nelson; Puerperal Cerebral Embolism, by Dr. Shepherd; Pyæmia, by Dr. O.C. Edwards; Urethral Fever, by Dr. James Bell; the Endoscope, by Dr. F. W. Campbell; Excision of a portion of the Rectum, by Dr. Fenwick.

The Society is also deeply indebted to Dr. Osler for the many valuable pathological specimens exhibited at its meetings. So interesting has this feature of the evening's work become that alone it will repay any ill-convenience that may result from a regular attendance. It must be gratifying to Dr. Osler to feel that his efforts

in contributing matters of interest to our meetings, and the time and labor required for their preparation, is thoroughly appreciated by his fellow members.

Gentlemen, I have touched on the bright and the sombre side of the future, I wish I could add that it had no dark dismal side, which I feel it my duty to notice. But it has a dark side, for death has during the past year cut off several of our profession whom we all knew, and, knowing, loved. First, our much esteemed fellow member and Secretary, Dr. Cline, fell at his post of duty, like a good soldier, fighting manfully in the cause of human suffering. Then our old friend and former President, Dr. Hector Peltier, was suddenly cut off in the very midst of an active professional career beloved by all who knew him. Then our active member and respected confrère, Dr. John Bell, on the very threshold of a brilliant future, was suddenly, and when apparently in the enjoyment of good health, called upon to render his account to the Judge of all mankind. The memory of all of them will long be cherished by the members of this Society, and while we remember all that was good about them, let us drop a tear as we draw the veil of charity around the foibles common perhaps to all mankind.

Gentlemen, I am done. Although I now retire in the rank as a private member, my interest and enthusiasm in the Society will not grow cold. Once more let me thank you cordially and sincerely for all your kindness and forbearance to me during my term of office.

The ballot for the election of officers then took place, with the following result:

President, Dr. Henry Howard; 1st Vice-President, Dr. Ross; 2nd Vice-President, Dr. Kennedy.

Council, Drs. Roddick, F. W. Campbell and Hingston.

Secretary, Dr. O. C. Edwards.

Treasurer, Dr. Proudfoot, (re-elected.)

Votes of thanks were then passed to the retiring officers of the Society.

Dr. HINGSTON, seconded by Dr. RODDICK, moved a vote of thanks to Dr. Osler for the zeal and energy he had displayed in providing pathological specimens for the Society, as well as for his able demonstrations of them.

It was announced that Dr. Roddick would read a paper at the next meeting.

The meeting then adjourned.

DIED.

At Oakville, Ont., on the 23rd August, David D. Wright, M.D.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

PHARMACEUTICAL NOTES.

By HENRY R. GRAY.

A new school of Pharmacy was opened in Edinburgh in May last, to prepare students for the major and minor examinations of the Pharmaceutical Society. The Lecturers are Urquhart, Materia Medica; Drinkwater, Chemistry; and McAlpine, Botany. These gentlemen, we believe, all graduated at the retail drug counter.

The question has arisen whether Chrysophanic acid from Rhubarb and from Goa powder are identical or not; at least so says, "New Remedies."

The American Pharmaceutical Association has postponed its Annual Meeting, which was to have been held at Atlanta, Georgia, in September, until the last week in November, beginning on the 26th at 3 p.m. Fortunately Atlanta has been singularly free from yellow fever, and, as the Association has postponed the meeting until the fall frosts have set in, there will be no danger whatever to Northerners making a trip to this delightful city. Mr. Wm. Saunders, of London, Ont., has the honor of being the first Canadian president of this flourishing Association. Mr. Saunders fills the same position in the Ontario College of Pharmacy.

There is probably no occupation more harassing, especially in the absence of an enthusiastic love for it, than that of a dispensing chemist. The public in front of him, physicians to right of him, nurses to left of him, and the law behind him. Seriously speaking, is he not entitled to more consideration than he usually receives? The responsibility on his shoulders is very great, and a wearing anxiety is ever present. Nearly every duty he performs might end disastrously to some one, and yet how few mistakes occur. To one who has spent many years of his life behind the drug counter it seems simply miraculous. Take as a proof any dispensing establishment, examine the prescription book, count up the vast number of new prescriptions, and the vaster number of repetitions dispensed annually, then turn to the mistakes and to the fatal ones, and what proportion do they bear to the many ounces of deadly poisons dispensed. Surely this care, this constant watchfulness, should entitle the dispensing chemist, when a mistake does happen, to a little more kind consideration, if not at the hands of an unsympathizing public, at least at those of the more intelligent physician.

MONTREAL COLLEGE OF PHARMACY.

The eleventh lecture session of this Institution was opened on October 2nd by an address from Pro-

fessor Bemrose. We regret that our space prevents us from publishing *in extenso* this valuable paper, the more so because it is difficult to present a digest of a lecture so thoroughly condensed, closely connected, and abounding with striking illustrations. Pharmacy was considered from its present standpoint, looking backwards, and also contemplating the possible future. In the former review there was found much to be proud of, especially in the attainments and success of the students who had attended the College course; the future was held to be full of hope. The principle which had led pharmacists to employ in their service the hydraulic press, the vacuum pan, the microscope, the polariscope, etc., will be sure to operate by allying to their use the galvanic battery, the tasimeter or heat measure of Edison, and many other evident sources of assistance in the wide field of pharmacy. The preliminary education necessary for those who intend following pharmacy as a profession, and the necessity of a more solid groundwork was insisted on. Arithmetic, including algebra to at least quadratic equations, being deemed essential not only for scientific purposes but as a prime necessity to the business man. "In this respect what optics and mathematics are to the astronomer arithmetic is to the pharmacist, as it enables him to apply correctly the art of computation in estimating the profits arising from transactions in trade, and the intrinsic value of articles of merchandise. Erroneous calculations in these matters are fruitful sources of embarrassment, and tend to obstruct the attainment by the pharmacist of the position and benefits to which he is entitled." The steps taken by the British Pharmaceutical Society were just those required at the time and "resulted in men who have since made themselves famous as chemists and pharmacists, such as John Williams, B. H. Paul Schach of Clifton, Ince, J. B. Edwards, and many others." This was followed by the establishment of branch schools, several of which proved a decided success. The importance of knowing something about "physics, the laws of falling bodies, of reflection and refraction, of light waves and sound waves, the radiation of Crookes, induced electricity, diamagnetism, etc.," was admitted, but, although there "deep study is essential to the scientific chemist for the successful prosecution of his researches, it was not necessary for the students present" and in paying much attention to these subjects they would crowd out from their short course matters of much greater importance to them as pharmacutists. The same reasoning "applies to chemistry, the more difficult, albeit intensely interesting compounds, the rarer metals and metalloids will have to be avoided, and attention confined to the building up a useful and workable knowledge of the properties of those elements, the combinations of which furnish us with the salts, etc., constantly handled in daily work, their reactions individually and in group, the production of their compounds as articles of commerce, and the means of determining the purity of such compounds. Regret was expressed that pharmaceutical work by pharmacutists

appeared almost at a standstill, the little accomplished being done by men outside our profession, and to better this we must endeavour to provide a course of education which will make our students, pharmaceutical chemists in reality as well as in name. Such a course must be one of practical work. Education (from *e* and *duco* to lead forth) is development, it is not instruction merely, knowledge, facts, rules, communicated by the lecturer, but it is discipline, it is a waking up of the mind, a growth of the mind by the healthy assimilation of wholesome aliment. The real requirements of a pharmacist was ably shown, the responsibility which attaches to his calling insisted on, and an eloquent appeal made to the students to throw themselves heartily into the arduous work required from them. The president of the society and the ex-president of one of the English schools warmly congratulated the lecturer at the close. We cordially add our contribution of praise, and congratulate the Montreal College of Pharmacy upon the teaching power put forth for their advantage.

TO PRESERVE THE COLOURS OF PRESSED PLANTS.—It is well known that plants treated with alcohol have their natural colors preserved for a considerable time; but still they begin to fade far too soon, and many assume a blackish color during the tedious process of drying, in consequence of the partial decomposition or fermentation of the sap. To avoid this, resort may be had to the following process: Dissolve one part of salicylic acid in six hundred parts of alcohol, and heat the solution to the boiling-point in an evaporating dish. Draw the plant slowly through the liquid, wave gently in the air to get rid of superfluous moisture, and dry between folds of blotting-paper several times repeated. In this manner the plants dry rapidly, which is a great gain, and they thus furnish specimens of superior beauty. Do not let them remain long in the solution, or they may get discolored; and renew the blotting paper often.

According to Mr. W. Craig a solution of chloral hydrate, in the proportion of a grain and a half to an ounce of water, serves as a preservative of vegetable tissues, even retaining their natural colors.

PELLETIERINE.—Tanret has discovered in pomegranate root bark an alkaloid which he has named "Pelletierine," but which it is proposed to call by the more appropriate name, "Punicin." We take the following account from Hager's "Pharmaceutische Praxis." To prepare it, a thousand parts of the coarsely-powdered bark are made into a paste with milk of lime. This is packed in a displacement apparatus, and percolated with water until 2,500 parts of percolate are obtained. The percolate is repeatedly shaken with chloroform; the chloroform, in turn, is shaken with water acidu-

lated with dilute sulphuric or hydrochloric acid; the acid solution is neutralized with soda, and evaporated to dryness in a vacuum over sulphuric acid. The saline mass thus obtained is mixed with an excess of potassium or sodium carbonate, and shaken with chloroform, by which the free punicin is dissolved. When the chloroform is evaporated the oily-looking alkaloid remains behind. Tanret has obtained four parts of punicin sulphate from 1,000 parts of the root. When pure, it is a colorless liquid with an aromatic odor, and slightly soluble in water, alcohol, ether, and chloroform. When its solution in chloroform is evaporated in the air, it becomes yellowish; dropped on paper, it leaves a grease spot, which quickly disappears when exposed to the air. It is volatile at ordinary temperatures, and when the vapor of hydrochloric acid is brought near it, it gives a white cloud. It has a strong alkaline reaction, neutralizes acids, and forms with them crystalline salts. From the solutions of the salts of most metals it precipitates the oxides; with platinum chloride it gives no precipitate, but it does so with the chlorides of palladium and gold. It reacts with most of the alkaloid tests. The tannate is soluble in excess of the acid. The sulphate, hydrochlorate, and nitrate form good crystals, but are strongly hygroscopic. Their solution evaporated in a vacuum leaves neutral colorless salts, but when evaporated in the air they become yellow, and acquire an acid reaction, through the destruction of the base. The salts have a weak odor and an aromatic bitter taste.

ON THE PREPARATION OF THE GREEN IODIDE OF MERCURY.—Mr. Patrouillard, in discussing the merits of several formulæ for the preparation of mercurous iodide (*hydrargyri iodidum viride*), draws attention to a process devised by M. Dublanc, a number of years ago, which he considers to have advantages over those at present in use. This process consists in triturating together a mixture of mercuric (red) iodide and of metallic mercury, in the proper proportions, namely:

Mercuric Iodide.....	227 parts.
Mercury.....	100 "

The red iodide may easily be obtained of absolute purity, and in a state of perfect dryness; besides, during the trituration, there is no risk of loss by volatilization. The mixture should merely be moistened with alcohol of eighty per cent., so as to form a thin paste, and well triturated; the reaction takes place in a very short time, and the product is of a dark greenish-yellow color. By way of precaution it should be washed with boiling alcohol.—*Rep. de Pharm., in New Remedies.*

THE ALKALOID OF PYRETHRUM CARNEUM. By M. JOUSSET.—It is known that pyrethrum in powder constitutes, with few exceptions, the basis of all insecticides actually employed, and it has been erroneously supposed that the action is merely mechanical

by obstructing the spiracles. M. Jousset submitted to the Society of Biology some moths which had been for six hours in contact with certain inert powders of dried leaves, wood, &c., and observed that they presented no morbid phenomena. For comparison he exhibited others which had been for one hour only in powder of pyrethrum: these were already almost dead, and presented well-marked convulsive phenomena. If the powder be previously treated with alcohol, the insecticide properties are lost at the same time that the alcohol becomes endowed with toxic properties. M. Jousset opposes the opinion which credits the poisonous effects of this powder to the essential oil which it contains. After having isolated the oil, he has determined by experiments that it was without effect on insects. Further, he has isolated an alkaloid by appropriate means, and finds it to be a crystalline substance possessing the toxic properties of the plant in a high degree. The composition and properties of this alkaloid still require elucidation.

A DANGEROUS MATERIAL.—Within three years, says the *Commercial Bulletin*, there have been three shops destroyed in Massachusetts through lampblack. A hand damp with perspiration, a drop of water, a bit of grease, or a sprinkle of oil, will create combustion, which will start the lampblack aglow like charcoal, and so ignite the package, and hence the blaze. In lampblack factories, while great precaution is taken to prevent fires, a rainy or sharp frosty day will start a dampness upon the inside of a window-pane, and the flying particles of dust lighting upon this, create a spark which, communicating with the pile, may send a glow of fire with wonderful rapidity through the galleries of the shop.

A PETROLEUM THEORY.—The formation of petroleum has been explained by Mr. H. Byasson, upon experimental grounds, as follows:—If a mixture of vapor of water, carbonic acid, and sulphuretted hydrogen be made to act upon iron heated to a white heat in an iron tube, a certain quantity of liquid carburets will be formed. This mixture of carburets is comparable to petroleum. The formation of petroleum can thus be naturally explained by the action of chemical forces. The water of the sea, penetrating into the cavities of the terrestrial crust, carries with it numerous materials, and especially marine limestone. If the subterranean cavity permits these new products to penetrate to a depth where the temperature is sufficiently high, in contact with metallic substances, such as iron or its sulphurets, we have a formation of carburets. These bodies will form part of the gases whose expansive force causes earthquakes, volcanic eruptions, etc. Petroleum is always found in the neighborhood of volcanic regions or along mountain chains. In general it will be modified in its properties by causes acting after its formations, such as partial distillation, etc. Petroleum deposits will always be accompanied by salt water or rock salt. Often, and especially where the deposit is among hard and compact rocks, it will be accompanied by gas, such

as hydrogen, sulphuretted hydrogen, carbonic acid, etc.

WATERPROOF PAPER.—Sheets of stout manilla passed through a hot bath of aqueous solution of zinc chloride (at 75° B.), pressed strongly together and then soaked in dilute aqueous soda solution containing a small amount of glycerine, cohere to form a strong, stiff, water-proof board admirably adapted to the construction of small boats. Single sheets of paper passed quickly through the zinc chloride bath, pressed and washed and dried, are waterproof, and may be otherwise joined to form waterproof boards by any suitable cement.—*Scientific American*.

OLD CORKS MADE NEW.—Mohr recommends that the corks be collected and soaked in hot water. The following day they are washed repeatedly with pure water and soaked in a mixture of 15 parts of hot water and 1 part of hydrochloric acid. After a few hours they are taken out of this bath, washed well and dried; they then exhibit the appearance of new cork.—*Dingl. Polyt. J.*

PEPSINE FROM THE OSTRICH'S STOMACH.—According to the *Revue des Deux Mondes*, the ostrich hunters of South America, bearing in mind the almost incredible digestive powers of that bird, extract the pepsine from its stomach, and sell it for its weight in gold to dyspeptics.

TO KEEP RATS FROM HARNESS.—It is said that if a teaspoonful of Cayenne pepper be mixed in a quart of oil, and the harness be rubbed with it, the rats will let it alone. An addition of aloes to the oil, in the proportion of an ounce to a gallon, will answer the same purpose.—*Boston Journal of Chemistry*.

GELSEMINUM SEMPERVIRENS IN NEURALGIA.—The action of this drug in affections of a neuralgic character, says the *Medical Examiner*, has recently been studied by Dr. Emery-Heroguelle, who made it the subject of his inaugural thesis. A summary of his observations appeared in a recent number of the *Paris Médical*. Taken in a large dose gelseminum produces frontal headache, stunning, visual troubles, diplopia, contraction of the pupil, and dropping of the upper eye-lid. There is also weakness of the legs. The author reports six cases of intoxication from the drug, taken in mistake. Gelseminum is administered in powder or in pills, in the dose of three-fourths of a grain to three grains of the powder of the roots. It may also be given in the form of tincture, made with 100 parts of alcohol at 60° to 5 parts of the powdered roots. The dose is from 40 to 80 drops. A syrup may be also made by adding 50 parts of the tincture to 1000 of the simple syrup. M. Dujardin-Beaumetz has also had prepared an aqueous extract and an alcoholic extract. M. Emery-Heroguelle reports thirty-one observations collected in the service of M. Dujardin-Beaumetz, and from foreign journals, all of which refer to the action of the drug on neuralgia. From an analysis of the results, it appears that gelseminum may be especially looked upon as an anti-neuralgic; that it acts favorably in cases of dental neuralgia of the

5th pair, of the frontal, temporal, supra, and infra-orbital nerves, the brachial plexus, the intercostal and ilio-lumbar nerves. Sciatic neuralgia appears to resist, rather more than other neuralgias, the calming effects of this tincture. Dr. Ortille, of Lille, however, succeeded in curing with this remedy a patient who had suffered for a long time from sciatica which resisted all sorts of therapeutic means. The author considers gelseminum to be a powerful sedative in neuralgia, especially in those varieties which are not accompanied by that local fluxion in the affected point. Favourable results have also been seen in hemicrania.—*Medical and Surgical Reporter*.

GRINDELIA ROBUSTA IN WHOOPING-COUGH —

At a recent meeting of the Suffolk District Medical Society, Dr. Pattee called attention to the beneficial effects of the drug in certain pulmonary affections, and remarked that most of the fluid extract sold in this market was said to be worthless. Dr. Pattee had used the tincture in bronchitis, asthma, and whooping-cough, in doses of half a drachm or more, repeated every one or two hours. The effect was said to have been curative in thirty cases of whooping-cough, after three or four days, without the occurrence of relapses. The dose for a child two years old would be about ten drops.

A SUBSTITUTE FOR CALOMEL.—Sulphate of manganese, according to Dr. Goolden, in the *London Lancet* of June 15th, 1878, is a most excellent substitute for mercury in the various bilious troubles. In jaundice, hepatic dropsy, and hypochondriasis it has produced most remarkable results, and in hemorrhoids and in congestion of the fauces and bronchia it has proved no less efficacious. Anæmic patients who cannot take any of the preparations of iron are enabled to take iron with benefit if combined with two to five grains of sulphate of manganese. Its taste is not unlike that of epsom salts, but it is less bitter. Dr. Goolden prefers to administer the manganese in ten grains to a scruple dose, in a glass of water, adding a little citrate of magnesia to cause effervescence. By these doses large bilious dejections are produced. Half a drachm is the utmost dose ever necessary, and ten grains is usually quite sufficient. The larger doses sometimes produce decided though temporary nausea, and this may be avoided by adding a small quantity of epsom salts. Its action is attended by neither griping nor depression; neither the heart's action nor the pulse are altered.

Dr. Goolden has employed this medicine freely in private and hospital practice for more than thirty-five years.—*Medical Brief*.

PYTHON.—The formula for Pharaoh's serpent's eggs has been given so frequently in these columns that we ought to be free from further inquiries respecting them. Dissolve mercury in dilute nitric acid, observing, however, to have an excess of the metal. Decant the solution and pour into it an equal weight of a saturated solution of sulpho-cyanide of ammonium or potassium. Collect the precipitate on a filter, wash and dry. Powder the lump, and with each pound mix an ounce of powdered traga-

canth. A mass can be made with water. Note.—This compound is poisonous.

SWEET SPIRIT OF NITRE A SOLVENT IN SALICYLIC ACID.—Dr. Barkly, Ky., writes to the *American Practitioner*: "As the administration of salicylic acid has become so extensive, and as a good solvent is desirable, I wish to make known, through the *Practitioner*, that sweet spirit of nitre is the best solvent. I have been prescribing it nearly two years in the treatment of malarial fevers, with uniform success; in many cases without the use of quinia. I employ this formula:

R Salicylic acid, 3 j.
Sweet spirit of nitre, 3 jv. M.

Sig.—One teaspoonful every two hours, for children; two to four teaspoonfuls for adults.

MECONOIOSINE. A NEW DERIVATIVE FROM OPIUM. (T. and H. Smith.) Announcing the discovery, in opium, of a new *chemically indifferent* body (meconine or opianyl being the only other one of this class present), having the composition $C_8 H_{10} O_2$, and crystallizing in remarkable leaf-like masses, not unlike the incrustation of crystals upon a rock. The authors have named it *Meconoiosine*. When meconine is heated with slightly diluted sulphuric acid and when the evaporation has reached a certain point a beautiful green color makes its appearance; under the same circumstances, the new body meconoiosine produces a deep-red solution, afterwards turning purple.

J. A. W. (Baltimore, Md.)—Binoxide of Hydrogen. Thenard's process, that is, the treatment of binoxide of barium with muriatic acid, is still considered the most convenient and, we believe, followed by manufacturers to the present day. For commercial purposes, however, it is not generally necessary to make the product anhydrous, a more or less concentrated watery solution being all that is needed for the *blonde hair dyes* of the period. The process in question is described in all chemical and most pharmaceutical treatises.

AN AMERICAN NATURALIST, while investigating the causes and effect of the poison of a wasp sting, nobly determined to make himself a martyr to science, and accordingly handed his thumb to an impatient insect he had caged in a bottle. The wasp entered into the martyr business with a great deal of spirit, and backed up to the thumb with an abruptness which took the scientist by surprise. He was so deeply absorbed in the study of remedies that he forgot to make any notes, but his wife wrote a paragraph in his note-book, for the benefit of science, that the primary effect of a wasp sting is abrupt and terrific—and such words!

ARTIFICIAL EYES.—Between 8,000 and 10,000 artificial human eyes are sold annually in the United States. The average cost of an eye is \$10, and the color for an eye most in demand is what is known as "Irish blue." Christian Hohn, a New York German, makes glass eyes for horses that will defy detection by all except accomplished experts.—*Canada Lancet*.

The Canada Medical Record.

MONTREAL, NOVEMBER, 1878.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Notes on Varicella. By CASEY A. WOOD, C.M., M.D., Professor of Chemistry, Medical Faculty Bishop's College.....29

PROGRESS OF MEDICAL SCIENCE.

Perchloride of Iron as a Topical Application for Cancer, 32. Bellevue Hospital, New York, 33. The Local Treatment of Eczema, 35. Treatment of Insanity by Drugs, 39. The Treatment of Puerperal Convulsions occurring after Labor, 40. Treatment of Sanguineous

Cerebral Apoplexy by the Subcutaneous Injection of Ergotine, 42. Hospital of the University of Pennsylvania, Philadelphia, 42. A description of the Conjoined Twins, Marie-Rosa Drouin, with Plate, 43. Treatment of Hooping Cough, 44. Contraction of the Fingers — (Dupuytren's Contraction,) 44. Chloroform Narcosis, 45. Chloral as an Anæsthetic for Children, 45. The Treatment of Erysipelas by Carbolic Acid Injections, 46. The use of Ergot in Typhoid Fever, 46. How to Kill a Tapeworm in an Hour, 47. Thymol as a remedy in Skin Diseases, 47. Indications for the use of Digitalis, 47. Iodoform in Eye Disease.....47

EDITORIAL.

To our Subscribers, 48. *Scribner's Monthly* and the *Canada Medical Record*, 48. Lindsay & Blakiston's Visiting List for 1879, 48. Canadian Vine-Growers' Association, 48. Canada Medical Association, 49. Medical Dinners, 49. Personal, 49. Nitrate of Silver as a Uterine Caustic, 49. The Discoverer of Anæsthesia, 50. Wood's Library Standard Medical Authors, 50. Jordan's Norway Cod Liver Oil, 50. Trommer Extract of Malt, 50. Médico-Chirurgical Society of Montreal, 51. Vomiting of Pregnancy, 52. Composition of the Pancreatic Juice, 52. Births and Deaths...52

PHARMACEUTICAL DEPARTMENT.

Original Communications.

Notes on Varicella. By CASEY A. WOOD, C.M., M.D., Professor of Chemistry in the Medical Faculty of Bishop's University.

Read before the Medical Alumni Association of Bishop's University.

In attending some cases of chicken-pox about two years ago, it struck me as very strange that there should be any doubt thrown upon the specific and independent nature of that disease. I was unable to understand how any other affection attended by a vesicular eruption could be mistaken for it. It seemed to me also that a mild case of small-pox, and an unusually severe attack of varicella have but little in common. Since that time chance has placed under my care quite a number of chicken-pox cases, and I must now confess that sometimes the diagnosis is not easy, and I can readily imagine how the distinct and specific character of the eruptive disease may have been called in question.

The affection is almost invariably so mild that, although probably common enough in domestic practice, it is yet comparatively seldom seen by the physician, as he is not often called upon to treat it. Still it is obviously important that the medical man should be as thoroughly acquainted with mild diseases as with severe ones. To mistake a mild disease for a severe one, and to treat it accordingly—that is, to give it a great amount of attention—would, in the majority of instances, be productive of less disastrous results than to err on the other side, and treat as of no importance what seems

to be a mild affection, but which is in reality a very grave one. There is another reason, and a very weighty one, too, why varicella should be particularly studied. A certain class of medical men in this and other places have done, and are doing, all in their power to undermine the confidence which the public and the profession repose in vaccination. Not only is this admirable form of prophylactic treatment charged with introducing into the system a long list of diseases, but it is also denied that it can prevent or modify an attack of small-pox. It seems to me that when one is tempted into disbelief in the protective value of vaccination, because he has seen more than once an eruptive disease affect vaccinated persons, he should be first certain—absolutely certain—that the eruption is that of variola, not of varicella.

This, then, is my apology for bringing before you a few observations I have made on this really trifling disease.

The consideration of the diagnosis is what I desire more particularly to dwell upon, and in doing so, I wish to add my evidence in support of the independent character of the disease. In view of the wide difference of opinion held by authors on the subject of varicella, I may, perhaps, be allowed to refer to what I consider its symptoms.

Chicken-pox usually occurs in epidemics, but, apart from this, isolated cases are found which may, indeed, prove centres of limited contagion. It is probably through the breath and the exhalations from the skin that infection results. The question of the retention of the specific poison, in whatever form it may be, by fomites, is not,

consequently, a matter of much importance. The lymph of varicella vesicles is seldom inoculable, and still less frequently is such inoculation followed by a general eruption.

Concerning the appearance of the vesicles, it may be noticed (1) their size varies from that of a pin's head to bullæ, whose diameter equals that of a ten cent piece; (2) their number is usually from thirty to forty, but there may be from two to three hundred; (3) they are discrete as a rule, seldom confluent in the sense that variolous vesicles are; (4) they are not umbilicated, but tense, clear, and rounded. Within twenty-four hours after they have reached this state, the contents of the vesicles begin to be absorbed, they soon become flaccid, and in a few days more dry up, leaving the skin superficially reddened, or sometimes slightly scarred. Cicatrices are, however, the exception, and if the child has not been allowed to scratch the eruption, there is seldom more than half a dozen "pits." It will be noticed, also, that varicella scars are soft and superficial, and may entirely disappear in a few years, while small-pox "pits" are hard, deep and persistent during the life of the patient.

The falling off of the slight scabs and crusts left by the dessicating vesicles takes but a few days, and the healing of the underlying surfaces from which they fall, but a short time longer. It is doubtful whether there is a distinct period of incubation in chicken-pox.

When, as in most cases, the appearance of the vesicles is the first sign of the disease, we are without that assistance in estimating the length of the incubation period which precursory symptoms give. Thomas believes there is a distinct stage of incubation, and places it between thirteen and seventeen days. He also says that while this stage lasts we may frequently observe those general symptoms present during the corresponding period in the other exanthems.

The chest and back seem to be the favorite primary seats of the eruption, and from these positions it spreads to the lower part of the trunk and to the extremities.

At the same time, or soon afterwards, the eruption may be found on the head, which I have known to be thickly covered. The face generally escapes altogether. The mucous membrane of the mouth and nasal passages,

and sometimes the conjunctiva, are also seats of varicella vesicles. In one case I saw, the child, five months old, suddenly refused to take the breast, and as he did not appear sufficiently unwell to account for this disinclination to take nourishment, I examined his mouth, and found the tongue, cheeks and throat reddened and excoriated—a state of affairs that precluded nursing with any comfort. The eruption does not show itself altogether and at once, even in the same place, for, in the midst of well-formed vesicles, one is almost certain to find faint points, not unlike typhoid spots, that soon develop into clear vesicles, while the first crop has begun to shrivel and dry up. Towards the finish of the eruption a few scattered vesicles appear upon the palms of the hands and the soles of the feet. At the end of a week, however, very few or no vesicles remain, and most of the scabs have fallen from the skin.

The fever is seldom high, and the temperature rarely exceeds 100° or 101°. Probably, if all the eruption came out at once, a higher degree might be reached; but, as it is, from two to four days only the thermometer shows an abnormal increase of heat. Defervescence, such as we find it, is rapid.

As I said before, it is seldom on account of actual illness that a medical man is summoned to a case of chicken-pox, for most children are not all disturbed by the slight fever and other general symptoms that accompany the disease and, as a rule, they steadfastly rebel against confinement to bed or even to their room. It is not always so, however, for I attended, not long ago, two cases, that commenced with vomiting and headache, while want of appetite, lassitude and rather high fever were present during the first four days of the disease.

The prognosis is, of course, altogether favorable, and the continued disturbance of health that sometimes succeeds the attack may usually be traced to some cause independent of the varicella. It is only rational, it seems to me, notwithstanding this, to insist that the child should be carefully protected from cold and especially from draughts. The treatment should be dietetic rather than medicinal, but, if the attack be a severe one, small doses of the effervescing citrate of potash or magnesia will be found quite sufficient.

I doubt very much whether it be worth while to attempt any measures calculated to prevent the spread of the disease, for, in the first place, it is a trifling disorder; and, secondly, it would be difficult to prevent infection—almost impossible—during the progress of an epidemic, and needless in sporadic cases.

The diagnosis of varicella I hold to be important, and more particularly is it important that it should never be mistaken for small-pox, or *vice versa*. I have already referred to the bearing of the diagnosis on vaccination. I would further remark that it would be an unpardonable error to tell the parents of an unvaccinated child affected by chicken-pox that the case is one of small-pox, for that would be tantamount to depriving him of the protection he so sadly needs in a district infected by variola. Again, could a medical man ever excuse himself were he to expose a case of varicella to infection by variola by handing it over to the tender mercies of a small-pox hospital? It is possible, under some circumstances, to mistake chicken-pox for sudamina, but a piece of litmus paper will clear up the diagnosis, since the serum of the varicella vesicles is neutral or alkaline, while, as might be expected, the fluid (sweat) in the sudamina is acid.

I may, perhaps, be pardoned, in view of the object of this paper, if I refresh your memory by a short sketch of the differential diagnosis between varicella and variola. Small-pox has a premonitory stage, the eruption being preceded by severe pain in the back, rigors, vomiting, headache and high fever. In varicella almost invariably the first thing that attracts attention is the eruption itself. The small-pox eruption is first a pimple, feeling like shot under the skin, and it does not become vesicular until the second or third day. This vesicle is umbilicated, and seldom as large as a split pea. It is a pustule about the sixth day, and the scabs resulting from the drying up of the pustule persist until the fourteenth or fifteenth day and when they fall off leave cicatrices. The chicken-pox eruption, on the other hand, is first a "typhoid" spot, which, in the course of twenty-four hours, becomes a vesicle that is not umbilicated and may increase to the size of a five or ten cent piece, or become even larger. Becoming turbid on the second or third day, it shrivels up on the fourth or fifth and soon after-

wards drops off, leaving a reddened spot—rarely a superficial cicatrix.

It is now well established that vaccination exerts no influence upon a predisposition to varicella, and children who have had varicella may be successfully vaccinated.

I have kept a record of two cases of chicken-pox, and I shall read them, hoping to call forth the experience of some of you in similar or allied cases:

Last year I was shown a child said to have been poisoned by some species of wild ivy. He had returned that same day from the country, and when I saw him had had a vesicular eruption on his nates, hands and head. The vesicles were about the size of a five cent piece, clear and rounded. The child himself, who, by way, had never had varicella, seemed lively and healthy enough. The mother explained that he had been playing in the fields just before leaving for town, and that on undressing him at night she discovered an eruption which the country people told her was caused by poison ivy. She returned home next day, after a week's absence, and I saw the child about twenty-four hours after the discovery of the vesicles. As there was no varicella, as far as could be ascertained, in the neighborhood of her residence in either town or country, since the child complained of some pain about the seats of eruption; as they had not noticed any red rash on him the day previous to the discovery of the vesicles, and above all since the eruption appeared on the most exposed parts of the body and consequently the situations most likely to be poisoned, and were not the usual seats of varicella I felt inclined to think it was really ivy poisoning, and not chicken-pox. The next two days, however, left us room for doubt, because, upon the child's chest, back and legs, fresh crops of vesicles had appeared, while the first lot had shrivelled—a fact that excluded the idea of his having been poisoned by "ivy."

The next case I watched carefully, as I considered it rather unique. W. N., aged 9 months, a fine healthy boy, was brought to me suffering from a slight attack of bronchitis. I saw him subsequently at his home, and was obliged to attend him regularly for some time, as he became very restless and ill, and there was much more fever accompanying the slight lung trouble than is usually found in such cases. On making w ha

I intended should be my last visit, about five days from the time I first saw him, his mother showed me some reddish spots on his back and chest, also an eruption on his head, the last of which I could not make out very well, owing to the thickness of his hair. She said she had noticed them for the first time that day, and thought they might be chicken-pox, as two of her other children were recovering from an attack of that disease. I promised to call the next day, and did so, to find the child with a temperature of 102.6 F., pulse 146, and rather a copious eruption of well-defined varicella vesicles on his chest and back. He appeared so very unwell that I gave him a purgative dose of citrate of potash, and ordered him a five grain dose of quinine at night. To be sponged every hour if fever remain or increase. Next morning I found that the vesicles had enlarged to the size of a five cent piece, others were on the increase, and a few fresh crops had appeared on the extremities. The child had passed a restless night, and had vomited several times. Morning temperature 102° F., pulse 140. On examining the face I observed a few scattered pimples, which were unlike those I had hitherto noticed. Likewise on the hands I saw a patch of papules that were quite hard and elevated.

As the child was feverish and ill, I called again next day, but did not reach the house till near evening. The papules on the face and hands had become vesicular, but *the vesicles, strange to say, were small, irregular and umbilicated*. There were about thirty in all, small and discrete. Child's temperature was then 102.25° F., pulse 138. I saw him next morning about ten o'clock, and found the first vesicles on his back shrivelled and drying up. The second crop of varicella vesicles on his lower extremities had become large and rounded, but on one knee I discovered a patch of vesicles exactly like those on his face and hands—small, discrete, rather irregular in shape and umbilicated. He seemed better that day; his temperature had fallen to 100° and his pulse was only 115. I admit I was puzzled. However, I decided to keep my own counsel and wait.

In two days more umbilicated vesicles appeared on the child's neck and back, and I found that all the large rounded bullæ had dried up, and most of them had fallen off, while no change had taken place in the vesicles on the

child's face and hands, except that they had become milky—in other words, pustules. A week afterwards these pustules had dried into scabs, and in four or five days more fell off. The vesicles on the child's neck, back and lower extremities followed these changes in regular order, and in three weeks after their appearance I could distinctly make out half a dozen distinct pits in the face and hands, the seats of the umbilicated vesicles.

After carefully weighing all the evidence I could collect, I came to the conclusion that the child had suffered from simultaneous attacks of variola and varicella. Of course I am aware how rare such a combination is, and I should have thought that the umbilicated vesicles were varicellous had they shrivelled up sooner, been preceded by neither fever nor vomiting and, above all, had they increased in size. *Per contra*, I might even have gone the length of setting down the rounded vesicles and bullæ as variola, had they been umbilicated, remained longer, not increased to such a size and left pits behind them. Furthermore, I learned subsequently that the child had never been vaccinated, and that about two weeks previous to his illness he had been taken by a French girl—a neighbor—and laid for nearly half an hour upon a bed lately occupied by the girl's brother, who had been ill of small-pox. Bearing in mind, too, the diagnostic value of vaccination in such doubtful cases, I brought it about as soon as practicable, and had the satisfaction of finding that it had no effect. Though I used the freshest and most reliable vaccine lymph, no approach to a vaccinia vesicle formed on the child's arm, and now I feel safe in believing that the umbilicated vesicles were those of veritable small-pox, as I am convinced the earlier vesicles and bullæ were those of a true varicella.

531 Wellington Street, Montreal.

Progress of Medical Science.

PERCHLORIDE OF IRON AS A TOPICAL APPLICATION FOR CHANCRE.

In an article on iron, in the *Dictionnaire Encyclopédique des Sciences Médicales*, M. Rollet gives the two following formulas for topical use in cases of chancre:

R.	Aquæ.....	3 vi (24 grammes).
	Ferri perchloridi.	3 iij (12 ")
	Acidi citrici.....	3 i (4 ") .M.
and R.	Acidi hydrochlor.	} aa 3 i. (4 grammes).
	Acidi citrici.....	
	Ferri perchloridi	
	Aquæ destillatæ..	3 i. (32 ") .M

BELLEVUE HOSPITAL, NEW YORK.

NOTES OF TREATMENT AND PECULIARITIES IN PRACTICE.

THE TREATMENT OF TYPHOID FEVER.

In looking over the records of cases of typhoid fever in Bellevue Hospital, the wide variety of treatment is quite noticeable. Even in the past eight years the gamut of therapeutics has been quite well run through, reaching from ninety grains of quinine a day and baths every hour to simple expectancy with milk and egg diet. Considering the class of cases, the results have been satisfactory as regards final cure, and seem to show this at least very clearly, that the system in typhoid fever is quite tolerant of tentative therapeutics.

As the treatment of this disease, so far as active measures are concerned, is still far from being settled, some examination of the cases at Bellevue may not be uninteresting.

The patients are chiefly laborers and domestics, and have been healthy and hard-working persons. Most of them are found to have been living in poorly ventilated, crowded tenement houses, and they often give a history of there being stinking sewers or water-closets, or bad smells in the vicinity. Very rarely another case of typhoid fever has been in the same house or family. Sometimes the disease has originated in the hospital. In one case the patient had been lying in a bed by the entrance to the water-closet. In another she had been for over a week in the cells for female alcoholic, hysterical, and insane patients. The cases are brought in, or often walk in, at about the sixth or seventh day of the disease. They have been trying to keep at their work, and have been living on ordinary diet.

They are put to bed, and papules appear on the next day. Within the last two or three years the only precaution taken against contagion is to disinfect the stools. This is done generally with sulphate of iron, which is placed in the bed-pan previous to its being used. Commercial muriatic acid diluted is poured into the pan after the passage. The stools being disinfected, no further attempts at protecting the house-staff, nurses, or other patients are employed. The old idea that there is infection and danger in the patient's breath is disregarded, if at all believed in. The house physicians examine the lungs for evidences of pneumonia or bronchitis several times a week, they bend over the patients in examining the tongue and abdomen, and must inevitably inspire some of the patient's exhalations. No case of typhoid fever has occurred among the staff for several years.

The class of cases is in no respect unique as regard symptoms. There are mild and severe forms: there are obstinate diarrhoeas; there is uniform constipation; delirium so wild as to

oblige transfer from the wards; temperatures running to 106° and 107° or keeping as low as 102° and 103°. It is not often that the initial temperatures can be obtained. In cases where they have been, there has been no such characteristic rising as is described by Wunderlich and the German observers, though there is often a gradual rise in the first week.

The treatment at present in vogue is that of quinine and baths. This was begun four or five years ago, and has received such favor that it is quite the routine now. The quinine is given differently. Perhaps the most popular way has been ten grains two or three times a day, the evening dose being doubled if the temperature rises above a particular height, say 105°. It sometimes causes gastric irritation, being given in powder form. If it is vomited, pills are tried, and finally double doses by rectum. Quinidia was used for a short time, and it reduced temperature like quinine, but irritated the stomach more. Baths in every shape are used, but the sponge-bath is the form most adopted. The patient's temperature is taken; if found above a certain height, he is stripped either entirely naked, or perhaps only the upper half of the body. He is then sponged over with water at a temperature of from 60° to 80°. If only half the body is uncovered at a time, that part is allowed to dry, and it is then covered and the rest of the surface sponged. This process is kept up for fifteen minutes. If that is insufficient to reduce the temperature, it is prolonged to half an hour. It is repeated every one, two, or three hours, according to the result obtained. At the end of the bath a little whiskey is generally given.

The effect of the quinine on the temperature is to reduce it slightly in a considerable number of cases. Its effect on the patient is to produce nausea, and vomiting in a smaller number. Its effect on the disease we will consider later.

The sponge-baths are almost always pleasant to the patient, if not too frequently repeated. If given every hour, or two hours even, they seem to weary and annoy him. They certainly reduce the temperature in most of the cases. In a small number of these the reduction seems to last for many hours. Sometimes two or three baths given in the afternoon and evening reduce the fever two or three degrees, and it keeps down for twelve hours. But it is not very rare that the baths are given every hour even, without producing very marked effect. The sponge-bath is a much more efficient antipyretic than quinine. The wet pack is hardly used now. In one case where it was employed pneumonia complicated the disease. The plan of placing the patient in water at a temperature of 98°, and then gradually lowering it, has been tried a number of times, and so far no deaths can be traced to it. In this respect

the result differs from the application of the same therapeutic agent to pneumonia. Cold baths kill Americans when they have that disease. But these gradually-cooled baths are uniformly annoying and depressing to the patients. They don't like them. Neither have they been proved to reduce temperature permanently any better than the sponge-baths do.

Several cases were treated this fall upon the Kibbe bed. Its action and effectiveness were similar to immersion in the bath-tub. It did not eliminate the fever from the disease, nor were the patients pleased with the moist luxury of its antipyretic appliances.

The use and value of cold water and quinine are quite uniformly taught at the Bellevue Hospital clinics, and the students there assembled probably go away in the belief that, with a moist sponge and quinine pills, the mortality rate of their typhoid cases will be wonderfully lessened. There is nothing in the statistics of the cases that have been thus treated at Bellevue Hospital to warrant such confidence.

The antipyretic treatment began to be popular in 1873, and it has gradually become more uniformly adopted in the wards since then. In 1873 and 1874 there are records of twenty-three cases. Of these, three died, or about thirteen per cent. Of those that died, two had a regular antipyretic treatment of quinine and baths, and one of them died from hemorrhage. The third had quinine only, and died from a complicating pneumonia. Of the cured, eleven had only mineral acid or some refrigerant drink; five had quinine in antipyretic doses and three had both quinine and baths. This record does not prove much in favor of the new treatment.

In 1877, and up to October, 1878, there are records of thirty-eight cases with fourteen deaths. Three of the fatal cases were brought in either moribund or so exhausted by previous neglect that they should not be reckoned in the percentage of mortality. This would then be twenty-nine per cent. Of these thirty-eight cases, thirty-four were treated antipyretically, twenty by quinine and baths, and fourteen by quinine alone. Of those who died four had hemorrhages and one perforation; the rest died from paralysis of the heart. Of twelve cases found recorded in the year 1868, all were cured. The treatment was expectant, with perhaps a mineral acid or spirits mildereri.

At the Massachusetts General Hospital, from 1828 to 1836 inclusive, there were two hundred and nineteen cases, of whom thirty-one died, or about fourteen per cent. The percentage given for the hospital at other times, and previous to antipyretics, is thirteen.

At Bellevue Hospital, in the years 1868, 1873, 1874, 1877, and 1878, there were seventy-three cases. Of those treated antipyretically, twenty-four per cent died; of the others, twelve per cent. died. Out of this seventy-three, of the

seventeen that died, five had hemorrhages, two perforation, three were brought in moribund and are not reckoned in the percentage, while one had a double pneumonia. Of these seventeen there were six who had no antipyretics applied; one of these had a hemorrhage. Of the other eleven, four had hemorrhages, two perforations, one a double pneumonia. In September last two cases were treated successfully on Kibbe's bed.

It will thus be seen that since the introduction of antipyretic treatment into Bellevue Hospital the percentage of mortality has doubled; and, further, that the mortality is nearly twice as great as the averages given by Jackson and Murchison. We do not, however, place any over-estimate upon the value of these statistics; but at their very lowest it seems reasonable to assume that they do not prove the value of the antipyretic treatment.

The theory of this treatment, as is well known, is based on the belief that eighteen or twenty days of an average temperature of 104° will cause degeneration, and possible paralysis of the heart, or a like effect upon the brain. Also upon the belief that the frequent and energetic abstraction of heat will at length reduce the quantity generated. As regards the first point, it is perfectly well established that a human being with the digestion not seriously impaired, can live for five weeks at a temperature of 104° . Those who have watched cases of catarrhal phthisis, with a high temperature for months, must wonder how only ten days of the extreme temperature of typhoid can be so very pernicious. It may be that caloric is proportionately much more vicious at 106° than 104° , and that digestion and assimilation are much more impaired. We are not attempting to refute antipyretics, but only to show that, perhaps, in America its value is not proven.

Niemeyer expresses much delight at the discovery of the gradually cooled bath. Wet packs, he admits, while they abstract heat, increase its production also. On the contrary, the baths, he asserts, not only abstract heat, but reduce the production thereof. How they achieve this marvellous superiority he does not explain; nor have we been able to find any one who could make it clear. Practically, the baths are as exhausting as the wet packs. The percentage of relapses, it is not denied, may be increased by their use. In the only case with relapse among the seventy-three at Bellevue, baths and sponging were most energetically used. The possible increase of danger from intestinal hemorrhage is also admitted by the Germans.

Of twenty-four cases treated at Bellevue by baths and quinine both, two had hemorrhage. Of fifteen cases not having antipyretic treatment, one had intestinal hemorrhage.

The antipyretic treatment of typhoid fever

by baths and quinine, then, has not been proven to be of certain therapeutic value in one large American hospital, and, as no small number of students carry away many of their therapeutic beliefs from clinics in that institution, we think it not improper to state the facts which may lead them to suspend their judgment for a while.

In our reading and recollection of the cases at the hospital, it has seemed that quinine and its possibly attendant emesis are not proven to be necessary. It does reduce the temperature in some cases, but generally in those where the disease is mild and the reduction not necessary. As for the baths, as long as sponging off the surface is grateful to the patient, it is useful in the disease. The further and more energetic use of water, then, has yet to be shown of value, in all ordinary cases. The employment of mineral acid and of symptomatic remedies is sufficient.

THE USE OF JABORANDI AT BELLEVUE HOSPITAL.

Within the past year or two jaborandi has become a very popular and useful drug at Bellevue. In uræmia and in acute and chronic parenchymatous nephritis, it has accomplished especially good results.

In uræmia it is a very effective substitute for the old hot air bath, acting more quickly and surely. As it has been shown to increase markedly the excretion of urea, it is probably more efficient also than the baths in relieving uræmic phenomena. A patient was brought into the hospital some weeks ago, suffering from convulsions and delirium. She had no œdema, but her urine was nearly solid with albumen, and contained small casts and blood. She was given a drachm of the fluid extract of jaborandi, hypodermically, and M x. of Magendie's solution. In fifteen minutes she was sweating profusely, and the convulsions had ceased. She was restless and wandering in mind for the next twenty-four hours, but had no other bad symptoms. M x drachm of jaborandi was given every other day subsequently, and in a week the albumen had nearly disappeared from her urine, and she felt quite well.

Cases of chronic nephritis have been treated with the drug very satisfactorily. Some who did not improve or get rid of the œdema under digitalis and potassium have shown immediate improvement under jaborandi. It is given in drachm doses every other morning, the patient being kept in bed until dinner-time, when the sweating is over. It is better not to give it at night, as the bed-clothes become saturated with perspiration, and sleep is disturbed and uncomfortable.

Jaborandi weakens the heart. It is dangerous when the pulse is poor and the system debilitated. If given to a patient in this condition

with uræmia, he falls into a cold perspiration, and œdema of the lungs, coma and death follow.

Yet it has been used several times in the treatment of pulmonary œdema in doses of M x to M xv. every one or two hours. The autopsies have shown the usual changes.

It has been used also in pleuritic effusions, but does not seem to "sweat out" the intrathoracic liquid very much. Besides, it produces a nausea and salivation not at all pleasant.

The drug loses its effect in some cases, and the dose has to be increased. The usual variety in its action has been noted. Sometimes it causes salivation only; most frequently salivation and diaphoresis. If the dose is carefully regulated, nausea and vomiting need not be a frequent complication. The urine is in cases of chronic Bright's disease somewhat diminished in amount, unless renal congestion or an acute nephritis is complicating the case. Jaborandi has proved, so far, of most certain service in the chronic stages of Bright's disease and in uræmia brought on during its initial attacks. When an acute attack is lighted up on a chronically inflamed organ, and when the system has already become weakened and anæmic, the drug may be useful, but it will also be dangerous.—*N. Y. Medical Record.*

THE LOCAL TREATMENT OF ECZEMA.

(Read before the Academy of Medicine, Oct. 4, 1878.)

By HENRY G. PIFFARD, M.D., Professor of Dermatology, University of the city of New York, surgeon to the Charity Hospital, etc., etc.

Eczema is the most frequent, one of the most obstinate, and certainly the most important, of all the cutaneous affections. Its successful management requires a judicious combination of internal and external treatment, with, in addition, proper hygienic attention. Of these the hygienic is the simplest in its applications, inasmuch as a clear conception of the nature of the disease immediately suggests the proper rules of diet, exercise, and the like. The internal treatment—that is, the use of drugs, is the most important, but, at the same time, the most intricate portion of the treatment, and will be considered in its details on another occasion. The local treatment stands midway in importance between the internal and hygienic, and midway also as regards simplicity.

The rôle of local treatment is somewhat limited, but if we desire to do our best for the patient its proper application should not be neglected. In a few cases local treatment alone will succeed in dissipating the lesion, but will not prevent or retard a relapse; in many cases it will materially assist the internal treatment in abridging the duration of the manifestations of the disease, and in a certain number it will modify the subjective phenomena.

Eczema presents many phases varying with the stage, character of the primitive lesion, degree of inflammatory action, individual peculiarity of the patient, complicating circumstances, etc.; but in all of these cases the indications for treatment are so clear that, once rightly appreciated, many of the apparent difficulties disappear.

In no affection with which we are familiar is it so important that the idea of a routine treatment based upon nosology should be abandoned. As regards the internal treatment, it is the *patient*, with all his functional or organic derangements, that demands consideration; in the local treatment it is the cutaneous *lesion* that must be studied and cared for. We must in both cases remember that the conditions actually present in one patient are seldom exactly duplicated in another, and, consequently, that treatment which is best for the first may not, and probably will not, be best for the second. In other words, we must individualize the cases in the strictest manner.

As the present article concerns the lesion only, we will make a brief allusion to the conditions most frequently present, and indicate the principles of treatment that find their application under the varying circumstances of the case.

Every outbreak of eczema commences with a prodromal period of local cutaneous congestion, characterized by heat, redness, slight or almost imperceptible swelling, and certain subjective sensations, which attract attention to the parts. From the appearances alone it will be often difficult to decide what form of cutaneous disease is impending, just as during the first day of an active febrile movement we may be unable to predict the character of the disease that will be developed on the morrow.

This period of congestion is rarely presented to the eye of the physician, except when it occurs in patients who are already suffering from more advanced eczematous lesions in other parts of the body, and who have already come under treatment for them.

Under these circumstances we have known the application of solid nitrate of silver to cause a disappearance of congestions that we supposed would have otherwise developed into frank eczemas.

This prodromal congestion, if uninterfered with, usually eventuates in some one of the so-called special primary lesions of the disease. These are six in number. In the first place, the active congestion may give place to a passive one of indefinite duration, characterized by redness, and often a trace of fine desquamation, with possibly a little occasional moisture, alternating with the more usual dryness. These cases were formerly classed as chronic erythemata, but a closer study has convinced most dermatologists that they are essentially ecze-

mata. Little attention has been paid to this form in the text-books, but an admirable delineation of the affection will be found in Dr. Duhring's Atlas. The congestion is usually accompanied with a moderate amount of subjective heat, or itching. This form of eczema is more frequent on the face than elsewhere. The most effective treatment for this variety is internal, but still a great deal of assistance is afforded by external means employed in conjunction with the latter. The indications are to reduce the congestion, and to relieve the itching. To accomplish the former the ordinary well-known astringents may be employed. In addition, we have derived benefit from the application of a solution of bromide of potassium in rose-water and glycerine, varying in strength from ten to twenty grains to the ounce. Fluid extract of ergot, rubbed up with cold cream, and a similar preparation of arnica root are also of service. The pruritus, moreover, must be attended to. This ceases with the congestion, but, as this latter will not always subside with wished-for rapidity, antipruritics are often advisable. These may be employed separately or combined with the other applications. Besides the well-known antipruritics, hydrocyanic acid, chloroform, etc., the mixture in equal parts of chloral hydrate and camphor, introduced by McCall Anderson, is worthy of special mention. This mixture, in the proportion of ten to twenty grains to the ounce of ointment, will sometimes greatly palliate the itching.

In the majority of cases, however, instead of the simple chronic congestion, we find a development of certain special lesions, which consist in either vesicles, pustules, papules, fissures, or an exfoliation of the horny layer of the epidermis, or there may be a mixture of two or more of them. This condition is usually termed the first stage, and, as regards the vesicles and pustules, lasts for a day or two only. It rarely comes under notice, and requires little in the way of treatment other than the application of cooling lotions, or better, either the black or yellow wash (mercury and lime-water). To the first stage succeeds the second, characterized by exudation and crusts, specially marked in the vesicular, pustular, and exfoliative varieties, less so in the others. The accumulation of secretion and crusts in this stage necessitates ablution, but unfortunately the contact with water proves very irritating in many cases, often causing a decided aggravation of the patient's sufferings and a prolongation of the trouble. If, however, we bear in mind the condition present, namely, the skin deprived of its horny epidermis, but with the delicate and succulent cells of rete Malpighii exposed, we can readily understand why the water proves irritating. It is due to endosmosis, causing tumefaction, and perhaps rupture of the cells. The remedy is equally apparent. It is only neces-

sary to use, instead of water, a fluid whose specific gravity is about the same as the serum of the blood. A mixture that we frequently employ is rose-water, to which has been added a little glycerine and chloride of sodium. This will be found much less irritating than pure water.

The crusts being removed, the cleansed parts are in a condition to benefit by some medicinal application, usually in the form of ointment. Of these, the oxide of zinc, when nicely made, is perhaps the best when a protective application alone is needed. It is probably not to any great extent curative, its chief office being to shield the parts from friction and atmospheric influences. The tincture of benzoin which it contains, however, probably exerts a soothing influence. The most effectively curative ointments in this stage and condition of eczema are those containing some preparation of mercury: the ammoniated mercury, the nitrate, and the black oxide. The two first may be employed in ointments of official strength, or somewhat diluted, the third in the proportion of ten grains to the ounce. Lead comes next to mercury in usefulness, and is usually employed in the form of *ungt. diachyli*. This, to be of service, must be carefully made, and quite fresh, as it easily becomes rancid and irritating. The "glycerole of the subacetate of lead" (Squire's formula) is not open to this objection. These ointments must be used with caution if the affected surface is extensive, as we have known both mercurial and plumbic symptoms to arise in consequence of their too free employment.

The pruritus, which is usually present and sometimes severe, invites attention. Unfortunately, it is very difficult to relieve. The chloral mixture above referred to should not be applied to a surface deprived of its epithelium, in consequence of the pain it produces, and chloroform should not be used in connection with the lead or mercurial ointments, as it greatly promotes the absorption of these metals. It may, however, be used with the zinc. The ointment containing it must, of course, be kept closely stopped to prevent its evaporation. Decided relief to the itching is sometimes obtained by adding to any of the ointments mentioned a little tincture of *Hamamelis Virginica*. The best preparation is made from the fresh plant. The various "extracts," "double extracts," "red extracts," fluid extracts, etc., in the market represent but a portion only of the virtues of this plant. Country physicians would do well to make their own tincture of hamamelis, using the bark of the smaller limbs or twigs, and macerating it for a few weeks in sufficient 80 per cent. alcohol to cover it. By this means they can obtain a good tincture very much cheaper than a reliable article can be had in the market. *Hamamelis* is a drug too highly estimated by the public, but too much neglected

by the profession. *Stramonium* and *conium* are also useful antipruritics. The white precipitate or black oxide may be added to the *ungt. stramonii*, or tinct. *stramonium* may be added to the *ungt. hydrarg. nit.* In spite of these the itching will often prove obstinate, and disappear only on the cure of the eruption itself.

When an acute eczema has passed through the period of exudation and crusting, and enters the third stage, characterized by redness, dryness, and scaling, the changed condition will demand a change of treatment. Here the mercury, zinc, lead, etc., are of comparatively little service, and should be replaced by some preparation of tar. Of these the most important are the *ol. picis*, *ol. rusci*, and *ol. cadini*. The last, when genuine (which is seldom the case), is the best. The tar is mixed with simple ointment in the proportion of one or two drachms to the ounce. A useful preparation belonging to the same category is the "*olio di maiz guasto*," much used in Italy. It is prepared from corn.

Thus far we have spoken of acute eczema only, and more particularly of the vesicular, pustular, and exfoliative forms.

In the fissured form, especially on the palms of the hands and behind the ears, we have found plumbago (the best for this purpose is known as "photographic graphite") in ointment (1-10), or mixed with lycopodium or some other inert powder, exceedingly valuable.

When an eczema becomes chronic, it does so either from sheer indolence or in consequence of excessive infiltration. If the indolence is marked by decided venous stasis, dark bluish red color, etc., the hamamelis before mentioned will be found specifically useful; if, however, this feature is not present, or the color of the patch is rather paler than is usual in eczema, the ham. V. will not be of much, if any use. Under these circumstances we need stimulating, i. e., irritating applications. The basis of these may be hydrarg. biniod., hyd. bichlor., potass. iod., iodine, cantharides, croton oil, and many others that will immediately suggest themselves. The first three may be prescribed in ointment, the last three should be applied by the physician—the iodine in tincture and the cantharides in collodion. The croton oil is very conveniently used in the form of solid cylindrical sticks, made by melting together equal parts of croton oil and white wax, and pouring the mixture into paper molds. A single application of either of these irritants is often sufficient to change an indolent patch of eczema into an active one, which then only requires the treatment appropriate to the second stage of ordinary acute eczema to bring about a cure within a reasonable period.

Quite recently we have obtained excellent results by a process that we believe is original—namely, the hypodermic injection of the arseniate of sodium into the eczematous patch. We

use solutions of one-fifth per cent., one-half per cent., and one per cent. If there be a single patch of moderate size, a single injection of five to ten minims of the one per cent. or one-half per cent. solution is made. If the patch is larger, or if there are several of them, the weaker solutions are employed, and two or more punctures made in the larger patches or distributed among the smaller ones. The injections are to be repeated at intervals of two or three days *p. r. n.** As yet we have seen neither abscess nor undue reaction. If the physician will take the precaution to obtain pure arseniate of sodium and distilled water, and make the solution himself, he will be more likely to obtain good results than if he leaves the fabrication of the solution to some apothecary's clerk.

A chronic eczema characterized by excessive infiltration rarely exhibits any tendency to heal until the infiltration has in a measure been dissipated. The lead, zinc, and mercurial ointments will rarely prove of much service in these conditions. The special irritant applications just mentioned will do more harm than good, and will probably increase the infiltration. Its removal, however, may frequently be accomplished by the strong alkaline lotions. If *liq. potassæ* or a stronger solution of potash be applied to the infiltrated patch, we will observe, in a few minutes, a more or less copious exudation of clear serum, with, perhaps, a slight temporary increase of swelling. The exudation may continue for some hours, and then gradually diminish. Coincident with the decline of the irritation, the infiltration in part subsides. The application may be renewed at the end of three or four days or a week. The *modus operandi* of the alkaline application is not quite clear. The effects are possibly due to exosmosis, as we have seen the same result follow the application of strong glycerine. Instead of the potash solutions, *sapo viridis*, or ordinary soft-soap, may be used. This should be well rubbed on with a bit of moistened flannel, till the exuding serum has a slight tinge of red; the application to be repeated once or twice a week, if necessary—emollients to be used in the intervals.

We may also attempt the reduction of the infiltration by stimulating the absorptive function of the sanguineous and lymphatic capillaries. The pathological condition present consists in a superabundance of small white cells. Whether these are outwandered leucocytes, or proliferated connective-tissue corpuscles, is a

question not yet settled. The present problem is to get them away from the part of the skin in which they have accumulated. Which set of capillaries performs the principal, or perhaps the entire work in this matter, we frankly confess we do not know. Certain it is, however, that "stimulation of the absorbents" may be effected in several ways. The most effective of these is cathodic galvanism. When this is impracticable, we are accustomed to rely upon some of the more active so-called "acro-narcotics" of the indigenous materia medica. Among these hydrastis and its derivatives hold a first rank. Next in usefulness, in our own experience, has been the *iris versicolor*. This is met with in trade as a tincture made from the fresh plant, as a fluid extract, and as a "concentrated tincture" (Keith's) made from the dried plant. Here, again, the country practitioner has an advantage over his urban brother, inasmuch that he can at small expense make for himself a good tincture from either the fresh or the freshly-dried root, as he desires. We prefer to rely upon the fresh tincture, as the virtues of the dried root become impaired by long keeping. (*Vide U. S. Disp.*) If using the *iris versicolor*, from 3 ss. to 3 i. are mixed with simple ointment and rubbed up until the alcohol is evaporated. Another tincture that may be usefully employed in the same manner is that of the *viola tricolor*. This is not strictly an indigenous plant (being naturalized from Europe). The imported tincture is the one we rely on. That made from the garden plant (cultivated for its flowers) is comparatively worthless. We are not aware that the *v. tricol.* grows wild in any part of this country. The *v. pedata* (*vide Disp.*), however, is found from "New England to Illinois and southward" (Gray). As the active principle of the various violets is believed to be the same, it is possible that the native species, especially the *v. pedata* (*vide Disp.*), may prove as useful as the foreign.*

After the infiltration has been in part or wholly removed by some of the means indicated, the patch of eruption will be in a condition to benefit by the mercurial ointments, etc., followed, if necessary, by tarry applications.

The whole of the foregoing relates to eczemas of the general surface. In certain special locations, however, a few modifications of treatment are desirable. When the affection is located upon the scalp in children, and is extensive, the crusting may be very great, and the parts become the home of numerous pediculi. Under these circumstances, delphine or kerosene will destroy the insects. Poulticing will soften and aid in removing the crusts, and cutting the hair will greatly facilitate recovery.

* In the first volume of the *Archiv. f. Dermatologie*, 1869, Lipp reports the use of hypodermic injections of Fowler's solution and solutions of arsenious acid in psoriasis and chronic eczema. The Fowler's solution is objectionable, as it includes a number of unnecessary ingredients, and the arsenious acid is very insoluble. Lipp only obtained solutions of requisite strength by adding carbonate of potassa or hydrochloric acid.

* Of the internal use of the *iris vers.* and *viola tricol.*, in eczema, we have spoken elsewhere (*Cutaneous and Venereal Memoranda*, N. Y., 1877).

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When eczema attacks the hairy portions of the face, the morbid action is sometimes propagated to the lining membranes of the hair-follicles (outer and inner root-sheaths), constituting one of the affections which commonly pass under the names of mentagra and sycosis. In these cases it is necessary to remove by epilation all the hairs that proceed from the diseased follicles, in order that the remedial application may penetrate them. In fleshy women eczema sometimes succeeds intertrigo of the submammary and genital regions. In these cases dusting powders play an important rôle.

Eczema of the lower extremities, especially of the legs, is not unfrequently complicated with varicosis and very considerable infiltration. In the former of these conditions, hamamelis, and in both of them elastic compression, will prove of great service.

Lastly, indolent and thickened eczemas of the palms and soles are often exceedingly obstinate. The thickened epidermis may be rubbed down with sand-paper or pumice-stone, and the parts enclosed (at night) with some impermeable fabric (rubber gloves, etc.) The cutaneous exhalations thus retained macerate the parts and excite a healthier action.

The successful management of eczematous lesions necessarily demands an exact appreciation of the conditions present, a knowledge of the means by which they may be remedied, and the proper application of these means—*N. Y. Medical Record*.

TREATMENT OF INSANITY BY DRUGS.

It is not to the professional expert alone that the treatment of insanity should be a subject of much interest. The general practitioner is often called upon to treat some form of this disease at that stage when it is most amenable to treatment, or to take charge of some case until arrangement can be made for the admission of the patient into an asylum. We shall therefore make no apology for drawing the attention of the reader to an able and instructive article on the "Treatment of Insanity, more especially by Drugs," which Dr. George H. Savage has contributed to the last volume of "Guy's Hospital Reports." Although the proper treatment of insanity must always be chiefly of a moral character, the experience of the best writers on insanity is alone sufficient to convince us of the great value of medical treatment in many forms, stages, or symptoms of this disease. Within the last few years, however, a more just estimate has been made of the real value of drugs not in insanity only, but also in all diseases, while at the same time several drugs have been discovered with which our predecessors were unacquainted. It is, therefore,

desirable that the busy practitioner should be informed of the practice adopted at our large public asylums, and of the opinion which so experienced an alienist as Dr. Savage entertains with regard to the value of drugs in the management of this terrible affection.

Until quite recently, observes Dr. Savage, opiates were looked upon as one of the sheet-anchors in the arrest of mental disease. Now we are more discriminating, and have to own that, whereas some cases are relieved by opium, some are not affected at all, or are really injured by its use. In the first place, the effect of this drug will vary with its mode of administration. Some cases are not improved by morphia administered by the mouth, but will recover, or be greatly benefited, by the subcutaneous injection of that alkaloid. Two or three cases are reported where no improvement took place until the patient was put on a solution of morphia, in half-grain doses, two or three times a day, when a decided change for the better took place, and even ultimate recovery. Another case showed how morphia will control symptoms, though it may be long before it perfects a cure: and in the author's experience "when symptoms are so controlled it is only a question of time to cure." Another patient with active melancholia, was quiet and happy as long as she took morphia, but if this was discontinued she became very irritable. In her case no medical treatment had been tried for two months previously to the administration of the morphia, and within twenty-four hours from the commencement of this drug she became quiet and reasonable. She is still under treatment, but will recover. In short, Dr. Savage would say that morphia has served him well in active melancholia both in old and young, but especially in old cases, such as climacteric and senile patients; also where sleeplessness alone seems the cause of the mental break-down, and in some cases of excitement in which chloral-taking or over-stimulation has caused insanity; but it is of no avail in ordinary acute mania, general paralysis, profound melancholia, or complete dementia.

With regard to chloral hydrate the writer would restrict its use to only a few forms of insanity. He justly remarks that "of all medicines recently introduced this has been the most largely used, and I fear if the good results were compared with the evil done the latter would preponderate." The mere producing of sleep does little, if any, good in the majority of cases of insanity. It is, however, useful in the epileptic states, in the furore of epilepsy, and in some cases of insanity from excess of stimulants. In one case, where there was furious mania following epileptic fits, the chloral was sometimes given, and at other times withheld, and the results were always quietness with chloral and mania without.

Dr. Savage also speaks in favour of a combi-

nation of *chloral and camphor* (10 grains of each, rubbed up with simple syrup), which was especially tried in two classes of cases—the wildly and distinctively maniacal—who were filthy in their habits, and in those who were erotic or lascivious in their behaviour. The mixture produced a good effect, and out of twenty cases in which it was given, fourteen were made more quiet. The use of the camphor, moreover, obviated the loss of appetite and of flesh, which was produced by the prolonged use of chloral alone, and all the patients gained in weight and improved in appetite. In more than one case the patient was quiet and decent while taking the medicine, and one case had every appearance of becoming a chronic lunatic, until the chloral and camphor were given. The writer would recommend this combination in cases of puerperal insanity, especially in the sleepless chattering form, where friends are mistaken, and erotic feelings are present.

Of the value of *conium* the report is not very encouraging. In a case of violent mania it was of some benefit after injection of morphia, camphor and chloral, and other remedies had failed; and it is recommended in cases where patients are noisy and destructive, but, at the same time, require stimulants.

Of still less value is *hyoscyamine*, the effects of which are so powerful and dangerous that sickness and collapse have been known to follow one dose of it. In one case a thirteenth of a grain produced in an hour and a half complete inability to stand, sickness, cold, clammy skin, and absence of radial pulsation, without any good result following.

Of *bromide of potassium* the author has not a good opinion, but he confesses that his experience of that drug has not been very great.

Of all medicines *purgatives* have been most favourable with the older physicians and the majority of the best writers on insanity. But Dr. Savage says "we rarely give them at Bethlem with the idea that we shall cure by these means, and still more rarely to quiet the patient and keep him employed." *Stimulants*, on the other hand, are more favourably spoken of. We are told that stimulants are a large item in the expenditure of asylums, and, when judiciously ordered and watched, they are of the utmost importance. Emmenagogues were also found of great service in the treatment of insanity, complicated with amenorrhœa. Of this class of drugs the tincture of *black hellebore*, in doses of half a drachm to a drachm, was remarkably beneficial, and several cases are cited in which both the amenorrhœa and insanity yielded to this remedy. The re-establishment of menstruation is important, and the return of menstruation unaccompanied by a mental change, adds to the gravity of the prognosis.

Independently of ordering medicinal remedies, there are certain physical conditions which

often contribute to the cure of insanity, and Dr. Savage draws particular attention to cases of this disease, in which physical illness produced marked improvement in the mind of the patient. Thus several forms of insanity respectively, got well spontaneously, after the formation of a retro-uterine hæmatocele, after a toothache and gum-boil, after inflammation of lower jaw, after an attack of erysipelas of head, after obstruction of the bowels, and after an attack of gout. Dr. Savage does not draw any inferences from these circumstances, but we should think that the good result often following distant irritation in the form of a natural disease might suggest the propriety of resorting to counter-irritation in the treatment of insanity more frequently than we do now. "In former times the head-shaving and blistering treatment must certainly have improved some cases, just as we have found that in some, purgatives are beneficial."—*Dublin Medical Press*, Oct. 2, 1878.

THE TREATMENT OF PUERPERAL CONVULSIONS OCCURRING AFTER LABOR.

At a late meeting of the Obstetrical Section of the New York Academy of Medicine (*Med. Record*, Aug. 10, 1878), Dr. S. T. HUBBARD opened the discussion upon the above subject by relating the history of a case as follows: He was called to visit Mrs. E. on the 16th of March, 1878. She was thirty-six years of age, pregnant with her first child, and within three weeks of her expected confinement. She was delicate in appearance, yet apparently in good health. She complained of headache, had flushed countenance, imperfect vision, and constipated bowels. A brisk cathartic was ordered. The urine was examined on the following morning, and found to contain about fifty per cent. of albumen, with some granular casts. After free opening of the bowels, infusion of digitalis was given in drachm doses, three times a day; also three drachms of bitartrate of potassa dissolved in water were ordered to be taken in the course of twenty-four hours. Under that treatment the quantity of urine increased to the normal. There was no puffiness of the face or œdema of the feet. At the end of one week the quantity of albumen had decreased from fifty to ten per cent. The bowels were kept free by the use of bitartrate of potassa. The headache and the imperfect vision, however, were more or less persistent. On the first of April the doctor ordered grs. vj of calomel, with grs. x of rhubarb, to be taken at bedtime. On the following morning he was called, found that the woman was in labour, and that labour-pains began at about 9 o'clock on the previous evening. The child was born at 5 a.m., and the labor was in every respect normal. The headache continued, and the patient was somewhat restless.

Laboratory 28 Beaver Hall Terrace
Montreal

August 12 1898

To Messrs W. F. Lewis & Co

Montreal

Gentlemen

I have carefully examined the sample of your
"Grand Made pour maad" Whiskey "Crop 1894" sent me by you.

I now report it to be free from fusel oil, and all other, extensive
compounds injurious to health; and that it is in every respect
a sample of a choice spirit, and of such an one as I can
recommend for use medicinally when an alcoholic stimulant
is indicated.

As I give you permission to publish this certificate, I reserve
to myself the right to analyze and report upon samples

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Two drachms of paregoric with ten drops of laudanum were administered. At 7 o'clock a.m. she went into a violent convulsion, which lasted from one to two minutes. When the convulsion had ceased chloroform was exhibited, and the woman was bled from the arm to the extent of twelve or fourteen ounces. The patient became conscious, but was kept moderately under the influence of chloroform, and, at about 8 o'clock, grs. xv of hydrate of chloral dissolved in water were thrown into the rectum, when she had another convulsion, more violent than the first. As the patient became restless from time to time, chloroform was administered. The infusion of digitalis was increased to $\mathfrak{z}\text{ij}$ every four hours. At 11 o'clock another convulsion occurred, but was less violent than the two former. Treatment continued. A goblet of milk was administered within every four hours. When the chloroform was let up for a few minutes, the patient complained of headache and almost complete loss of vision. The pulse, after the first convulsion, was 130, and continued from 116 to 120 during the first twenty-four hours. Temperature, 101°F .

On the evening of the next day the patient became somewhat restless; the bladder was emptied with catheter; an injection of fifteen grains of hydrate of chloral was given, and, soon after, another and the last convulsion occurred. A cathartic dose of calomel and jalap was ordered. Only a small quantity of chloroform was used. The effect of the chloral hydrate was continuous, although the dose was small.

On the following day the patient was better. The disturbance of vision continued, but was confined mostly to the left eye; the disturbance continued for a week and then disappeared. A trace of albumen was found in the urine for two weeks. At the end of that time the woman appeared to be as well as the majority of women were at that period following natural labour.

With reference to treatment in this class of cases, Dr. H. reached the following conclusions:—

1. That general bloodletting was called for when headache continued after labour was completed, and was attended by flushed face, restlessness, convulsions of a tonic character, and there had not been much loss of blood with the birth of the child.

2. That infusion of digitalis was useful to steady the heart's action, to allay nervous irritation, and also as a diuretic when aided by the addition of bitartrate of potassa.

3. That chloroform should be used sparingly.

4. That, although it was his first experience in the use of hydrate of chloral in these cases, its continuous action was apparently greater than chloroform, and he thought it was less likely to disturb the brain.

5. That, in cases in which there had been

great loss of blood, or great prostration attended by nervous exhaustion, dependence might be placed upon hypodermic injections of morphia for controlling the convulsions. He would not resort to chloroform or to chloral under such circumstances, fearing that they might increase the nervous exhaustion, and thereby favour uterine hemorrhage.

The development of convulsions *after* the birth of the child was, in Dr. Hubbard's experience, quite rare.

In the last *three* cases belonging to this class which had fallen under his observation, general bloodletting had been employed in *two*, and those patients recovered; the case in which it was not employed terminated fatally, although chloroform, leeches, and dry cups were faithfully used. All the cases were primiparous.

Dr. A. C. Post referred briefly to two cases in which convulsions apparently were prevented by bloodletting. One woman at the end of the eighth month of pregnancy was taken with giddiness, headache, confusion of thought, twitchings of the features, and partial loss of consciousness. It occurred before the subject of albuminuria in connection with pregnancy was recognized in the profession. As the patient had a full, strong pulse, it was thought advisable to resort to general bloodletting. While binding up the arm for that purpose the woman fainted. Dr. Edward Delafield was called in consultation. Dr. Post expressed the opinion that the fainting was a nervous phenomenon, and did not contraindicate the taking of blood. Dr. Delafield coincided in the opinion. She was bled freely. The headache and other symptoms disappeared, she went on to the completion of her pregnancy, and gave birth to a healthy boy who was now the father of a family. The second case, occurring many years later, had a similar history.

Dr. Sell referred to a case in which convulsions occurred during and after labour. The patient was treated by the administration of croton oil, because of suspected overloaded *primæ viæ*, and by the exhibition of chloroform both internally and by inhalation. The woman had six convulsions in the first series, and three in the second. Bleeding was not resorted to, and yet a good recovery took place.

Dr. Caro remarked that he had seen cases of puerperal convulsions at nearly all stages of pregnancy, during and after labour, and that he had never resorted to general bloodletting or to leeching except in *two* instances. He had relied chiefly upon infusion of digitalis given in \mathfrak{ss} doses, three times a day, and bitartrate of potassa in $\mathfrak{z}\text{j}$ doses, three times a day for their prevention.

He thought that puerperal convulsions occurred as the result of nervous disturbances, especially after confinement and independent of albuminuria, or even independent of urea.

A case was referred to in which convulsions

occurred apparently from urethral irritation, because they came on only when the woman attempted to pass her urine. When the urine was drawn by the catheter, convulsions did not occur. There was no albumen in the urine, the quantity of water was normal, there was neither headache nor œdema of the feet, but the countenance had a puffy palid appearance, and there was disorder of vision.

TREATMENT OF SANGUINEOUS CEREBRAL APPOPLEXY BY THE SUBCUTANEOUS INJECTION OF ERGOTINE.

In a short article on this subject (*Lancet*, Sept. 21, 1878) Mr. N. S. Foster says: The utility of the subcutaneous injection for the exhibition of the active principle of ergot on account of the rapidity and comparative certainty of its action has been most successfully demonstrated in cases of post-partum hemorrhage. From the explanation given of its inducing the contraction of the smaller arteries, and from the facility of its administration, especially in cases where swallowing is at least very difficult, I was led to use it in cases of cerebral apoplexy and also of hæmoptysis. It is for the former that I am enabled more especially to suggest its use, and from the results I have seen believe it worthy of a more extended trial in that form of disease.

Cerebral apoplexy proper, pathologically speaking, is essentially effusion of blood caused by a rupture, generally of the smaller arteries of the brain, whether of the punctiform or of the massive varieties—which, indeed, are more accurately degrees of the same condition. Perhaps the commonest kind of disease leading to this result is the formation of minute miliary aneurisms, their subsequent rupture, and thence the usual train of symptoms.

At present I can record only two cases in which I followed out the plan of treatment.

Case 1. I was sent for and informed that the patient, aged seventy-two, had been seized about a half an hour before my arrival. The ordinary apoplectic symptoms were present, and the coma gradually deepened during the application of the usual remedies. I then injected ergotine subcutaneously in the forearm. The comatose state soon seemed to become stationary, and eventually the patient made a good recovery.

Case 2 was similar in most respects to No. 1; but in this patient, who was sixty-four years of age, I injected ergotine at once; and here the coma, which was only partial on my first seeing the patient, never increased in intensity, but soon passed off, and to all appearances he made a perfect recovery.

In both cases I satisfied myself of the absence of cardiac disease, and hence possibly of embolism; and from the history it was fair to conclude that effusion was the cause.

For the success of this treatment, both temporarily and permanently, a great deal depends on the promptitude of its administration, before much hemorrhage has taken place, and consequent damage to the cerebral substance. The strength of the injection I employ is ten grains of ergotine to the fluid drachm; injecting twelve minims deeply into the muscles, and not merely into the subcutaneous tissue, as in the latter case suppuration is very apt to ensue.

THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, PHILADELPHIA.

NOTES OF PRACTICE AND PECULIARITIES OF TREATMENT.

DYSPEPSIA—ITS TREATMENT.

Among drugs, arsenic, in small doses, gradually increased, is a remedy of extreme importance. Where there is torpor of digestion joined with very marked sympathetic nervous disturbances, the following prescriptions are of great value:

1. *R.* Sodæ bicarb..... 3 iij.
Acid hydrocyan. dil... gtt. xlviii.
Tinct. valeriani..... f ̄ j.
Syrup. zingiberis..... f ̄ 3 ij.

M.

Sig. A teaspoonful thrice daily, in water.

2. *R.* Quinæ sulph..... gr. xvi.
Strychniæ sulph..... gr. ̄.
Acid. muriat. dil..... f ̄ 3 jss.
Syrup. zingiberis.q.s. ad f ̄ 3 iv.

M.

Sig. Two teaspoonfuls in water, right after meals.

Where there is marked hepatic disturbance, the following prescriptions are excellent:

3. *R.* Acid. muriat. dil..... f ̄ 3 ss.
Tinc. nuc. vom..... f ̄ 3 ss.
Comp. infu. gentianæ. q. s. ad f ̄ 3 iv.

M.

Sig. A teaspoonful in water after meals.

4. *R.* Bismuth. subnit..... 3 jss.
Pepsinæ..... 3 jss.
Strychniæ sulph..... gr. j.
Tinct. cardamom.comp. q.s.ad. f ̄ 3 iv.

M.

Sig. A teaspoonful thrice daily, in water. If there is much flatulence, an increase is made in the quantity of bismuth and pepsin. If the case be merely one of gastric atony, the amount of strychnia is increased.

Where there is marked gastralgia, two to five drops of Fowler's solution are administered during the paroxysms. If this does not control the pain, a blister two inches square is applied to the epigastrium, and followed by a belladonna plaster six inches square.



THE CONJOINED TWINS, MARIE-ROSA DROUIN.

Born at St. Benoit, Que., Canada, 28th February, 1878.

Where the stomach is weak, its muscular action impaired, and its nerves over-sensitive, but the best food should be taken into it at a time. The best diet is skimmed milk, half a pint every four hours. When milk is not well digested, lime-water is combined with it. Such foods as coffee, tea, and tobacco must, of course, be given up absolutely and at once. A sovereign article of diet is buttermilk. In buttermilk the casein of milk is coagulated and broken up, so that the stomach is spared two steps of the regular process of digestion. Another excellent preparation of milk is koumyss. It contains a good deal of carbonic acid. In all cases the stomach's work should be made easier by a diet consisting of eggs, milk, starchy vegetables, stewed fruits, and a little butter, with stale bread.

IDIOPATHIC PERITONITIS.

If the case is brought into the wards at the very inception of the disease, the patient is bled thoroughly from the arm. If the disease is of many hours' standing, the abdomen is covered with as many leeches as it will hold. After venesection, calomel is administered in doses of from one-quarter to one-half of a grain every hour. In connection with the calomel, opium is given in large doses. Opium induces quiet and prevents the exhaustion consequent upon horrible physical pain. Enough opium is given to keep the patient on the verge of narcotism. It had better be given in liquid form.

In the latter stages of peritonitis, blisters are always employed.

The first thing done, however, when the leeches have been removed, is to apply poultices; whether they be hot or cold makes but very little difference. Where there is a very marked tendency to feverishness, cold poultices are used. If the abdomen is too tender to bear the weight of the ice-bag, light flannel cloths wrung out of ice-water may be used. On the other hand, a warm-water dressing may be employed with advantage in very many cases. Warm water acts not only as a local derivative, but some of it probably oozes through the intervening tissues into the abdomen, and so acts directly upon the inflamed peritoneum as a soothing agent.

After the abdomen has been thoroughly poulticed for two or three days, blisters are used, provided the temperature of the body has not remained high. The blister should not be a small one—eight inches by ten makes a very good size.

Where there is any septic element in the disease, quinia is used with great benefit. Generally the stomach is not strong enough to bear it.

The patient must have but very little food in the first few days of the attack. The food which is given is that which leaves the least residuum of undigested matters, and, therefore, causes the least amount of peristaltic action on the part of the intestines. Milk, in repeated small doses, is

the food usually given. At the end of a few days, solid articles are allowed. When there are symptoms of exhaustion late in the course of the attack, beef-tea is given as a stimulant. Alcohol is not only powerless, but even dangerous in the early stages of the disease. A few doses of brandy in the first few days of an attack of peritonitis may produce death.

With regard to the opening of the bowels during convalescence, a purgative or an enema is never used. These bring violently into play all the muscles of the abdomen. Very often there will be a spontaneous movement on the fifth or sixth day without any medicine at all. If there is not such an opening, a small dose of castor oil is given at the end of ten days. If there is retention of urine, the water is, of course, drawn off by means of the catheter.

Great care is had during convalescence from peritonitis to prevent a relapse. No violent or gymnastic exercise is allowed for a long time afterwards.—*New York Medical Record.*

A DESCRIPTION OF THE CONJOINED TWINS, MARIE-ROSA DROUIN.

(With Plate.)

By D. C. MACCALLUM, M.D., M.R.C.S., Eng., Professor of Midwifery and Diseases of Women and Children, McGill University.

This remarkable specimen of the fusion in part of the bodies of two female children was brought to Montreal for exhibition during the month of April, 1878. It was exceedingly difficult to make a thorough examination of the children, as the mother was strongly opposed to having them handled or touched. By frequent visits, and by obtaining the consent of the mother to see the children whilst she was washing and dressing them, I succeeded in making out, not only the most important points relating to their union, but also in obtaining an excellent drawing, by Hawksett, of the appearances which they present anteriorly and posteriorly. The specimen belongs to St. Hilaire's class of *Monstres Doubles*; Famille *Sysmien*; Genres *Psodyme*; to Playfair's division of *Dicephalous Monsters*.

The children lie in their mother's arms much as they are represented in the plate, the two upper separated portions being about in a line with each other, and each forming nearly a right angle with the single trunk. The one to the left of the observer, named *Marie*, resembles the mother, has a fairer complexion, is more strongly developed and healthier looking than her sister *Rosa*, who is smaller, darker, more delicate-looking and resembles the father. They are both bright, lively and intelligent children. The two bodies, from the heads as far as the abdomen, are well formed, perfectly developed, and in a state of good nutrition. The union between them commences at the

lower part of the thorax of each, and from that part downwards they present the appearance of one female child; that is, there is but one abdomen with one navel, a genital fissure with the external organs of generation of the female, and two inferior extremities. The floating ribs are distinct in each, as is also the ensiform cartilage. The lateral halves of the abdomen and the inferior extremities correspond in size and development respectively to the body of the same side; and the same remark applies to the labia majora. The spinal columns are distinct and appear to meet at a pelvis common to both, although the fusion of the children commences at some distance above their junction. From near the extremity of each spine a fissure extends downwards and inwards, meeting its fellow of the opposite side at the cleft between the buttocks near the anus, including a somewhat elevated soft fleshy mass, thicker below than above. At a central point between these fissures, at the distance of *two and a half inches* from the point where the vertebral columns meet, and *three and a half inches* from the anus there projects a rudimentary limb with a very movable attachment. This limb, which measures *five inches* in length, and is provided with a joint, tapers to a fine point, which is furnished with a distinct nail. It is very sensitive, and contracts strongly when slightly irritated.

The respiratory movements are not synchronous, nor do the pulsations of the hearts correspond—Marie's heart beating at the time of examination 128 per minute; Rosa's, 133. The sensation of hunger is not always felt at the same time, as very frequently one child sleeps while the other is nursing. When one child cries and the other is tranquil, the abdomen on the side of the crying child contracts and expands, and the limb of that side is agitated, while the corresponding parts of the opposite side are at rest. There is slight movement of the lateral half of the abdomen on the side of the quiet child, but this is evidently communicated. Precisely the same phenomena are observed when either child forces during a motion.

From these observations it would appear that the spinal, respiratory, circulatory and digestive systems of these children are quite distinct. They have each a separate diaphragm, and the abdominal muscles on each side of the mesial line, and the limb of that side are supplied with blood by the vessels, and are under the control of the nervous system of the corresponding child. They have each a distinct stomach and an alimentary canal, which probably opens at a point close to the common anus. It would follow, also, that the accessory organs of the digestive system are distinct for each child.

The two fissures behind are evidently the

original clefts between the buttocks of each child, one buttock remaining in its integrity, whilst the other in a rudimentary condition is fused with that of the opposite child, forming the soft fleshy mass from the upper part of which the rudimentary limb projects.

These children are the products of a second gestation. They were born at St. Benoit, county of Two Mountains, on the 28th February, 1878. The mother, a fine healthy looking woman, aged 26 years, states that she experienced unusual sensations in the womb during the period of gestation, and that towards its close the abdomen became so prominent she was ashamed to be seen by her friends. The weight also greatly fatigued her, and the movements of the children were very distressing. During her labor she was attended by a midwife. It lasted seven hours, commencing at 1 a.m. and terminating at 8 a.m. One head and body were first born; this was shortly followed by the lower extremities, and immediately after the second body and head were expelled. — *Canada Medical and Surgical Journal*.

TREATMENT OF HOOPING-COUGH.

MM. Louvet-Lamare and Constantine Paul recommend very highly the use of the drosera rotundifolia in the treatment of whooping-cough. They treat the bronchitis of the first period with bryonia, and give the drosera as a sedative for the cough in the second period. They use the tincture, giving from M xv. to M lxxv. daily. M. Louvet-Lamare recommends also muriate of ammonia in the treatment of a frequent complication, viz., an inflammation limited to the lower part of the pharynx, the larynx, and the upper part of the trachea. This inflammation is attended by a slight rise of temperature, and is characterized by a virulent, tearing cough, for which the physical examination of the chest affords no explanation. He gives about seven grains a day to a child of seven years—*Lyon Medical*, June 16.

CONTRACTION OF THE FINGERS—(DUPUYTREN'S CONTRACTION).

Mr. William Adams, in a paper read before the Royal Medical and Chirurgical Society, (*Brit. Med. Jour.*, June 29th, 1878), describes this condition, and states that it is most commonly met with in men about the middle age of life, or beyond it. It occurs rarely among children and adolescents. Mr. A. had never seen a case in a woman. The ring finger is most frequently affected—especially if only one be involved—but generally, the adjacent fingers become affected. The articulations are healthy

—the joints can be flexed freely—but any attempt at extension is painful—this latter being followed by the appearance of a tense, contracted cord, passing from the finger into the palm of the hand—to which the skin of the palm is closely adherent. This form of finger contraction was first accurately described by Dupuytren—though its pathology and treatment is still subject to discussion. Dupuytren, in dissecting a hand subject to this condition, found that a division of the palmar aponeurosis caused an immediate relaxation of the fingers. The tendons were normal—their sheaths were unopened—the joints, ligaments, synovial membranes were natural and normal.

The cause of this condition is believed by almost all the writers on the subject to be strictly local—arising from the pressure of tools, &c. There is, however, a gouty form. Mr. A. regards it as nearly always depending on a gouty diathesis.

The treatment may be either mechanical or operative. The former seems to be applicable to the slight cases only. In severe cases, and those of long standing, mechanical treatment is useless. The operation was first performed by Dupuytren, in 1831. He made an open wound—transversely, and the wound gaped very much from the extension, and suppuration followed. Mr. A. condemns this open method, which has the support, however, of many eminent surgeons—both American and English. Mr. A., after an extensive experience, now proceeds as follows: A small tenotome—smaller than ordinarily used—is introduced between the skin and contracted cord, which is divided by cutting downwards very slowly and cautiously, taking care not to dip the point, or divide any structures, except the contracted band of fascia. Several punctures may be necessary. The first one at the greatest distance from the finger, the second should divide the same cord as the first, but as near the finger as possible, thus leaving the contracted band in the palm of the hand, when adherent to the skin, isolated. The 3rd and 4th punctures the lateral bands or digital prolongations of the palmar fascia, which usually pass from the central cord in the palm to the adjacent sides of the fingers. Care should be used—to avoid the vessels and nerves along the sides of the fingers. Other incisions or punctures may be necessary—but care should always be used.

The after treatment consists of *immediate extension* and a retentive splint. The bandage is removed the 4th day. Extension is to be kept up by the use of the splint, worn night and day—for two or three weeks.—changing the bandage every two or three days. After three weeks, the splint at night only, for an additional three or four weeks. Free motion is to be encouraged when the splint is not worn.—*N. Y. Hospital Gazette.*

CHLOROFORM NARCOSIS.

Wachsmuth, of Berlin, asserts that much of the danger from the administration of chloroform may be averted by adding to it twenty per cent. of oil of turpentine, which, he says, stimulates the lungs, and thus protects them against the great enemy of chloroform narcosis—pulmonary paralysis.—*N. Y. Medical Record.*

CHLORAL AS AN ANÆSTHETIC FOR CHILDREN.

Dr. Bouchut, in a paper in the *Gazette des Hôpitaux* (August 13), states that since he first announced, in 1869, the anæsthetic properties of chloral in the surgery of childhood, and its value in bad cases of chorea, daily experience has confirmed the accuracy of his affirmation. More than 10,000 cases now testify to this, as for the last nine years from four to eight patients have taken this medicine in anæsthetic doses. Perhaps the same good effects might be obtained also in adults, but it is found that they cannot be got to swallow a sufficient dose without producing vomiting. Infants, however, take the chloral in sufficient doses readily, and do not eject it. According to age, from one to four grammes are given, not exceeding three grammes, however, in children under three years of age, and two grammes may be given between two and five years without danger. The whole quantity is to be given at a single dose in 100 grammes of a highly sweetened vehicle. Half an hour after, the children are asleep; and an hour after, they are insensible. The insensibility lasts from three to six hours, and on awaking from it no disagreeable effects are experienced, the children taking their food and playing as usual. The same dose may be repeated the next and following days if required; and in chorea some children take these doses for a month together without inconvenience, as much as from 100 to 125 grammes having been taken in a month. Exceptionally, the anæsthesia is preceded by a stage of excitement, but so rarely that it has not been met with more than ten times in 10,000 cases. This means being so certain, and never being attended or followed by any accident, Dr. Bouchut always employs it for all operations on children, however trivial, the only inconvenience being that they continue to sleep three or four hours afterwards. These results are of great importance when it is remembered what difficulty and resistance are met with during operations on children. If there were any danger attending the use of this means, its employment in such cases should never be thought of; but there is absolutely none. The anæsthetic effect may also be produced by administering the same dose as an anæmia; but as this may be ejected, and the anæsthetic effect not be produced, it is better to use the chloral as a suppository, made with the *baume de cacao* melted with a fourth of spermaceti, which is essential to the incorporation of the chloral. This, however, is a bad mode of administration if the chloral has to be continued for a long time, as, after three or four intro-

ductions, the mucous membrane of the rectum becomes irritated, and a painful tenesmus is produced. But, after even long administration by the mouth, no gastro-enteritis is produced in children, no loss of appetite, foul tongue, or pain, etc.—a tolerance taking place in them which is not observed in the adult.—*Med Times and Gaz.*, Sep. 7, 1878.

THE TREATMENT OF ERYSIPELAS BY CARBOLIC ACID INJECTIONS.

This method, first suggested in 1874, by Professor Hueter, of Greifswald, has been tested and elaborated in his clinic with most excellent results. A summary of a paper by his son, Dr. Hermann Hueter, in the *Berliner Klin. Wochenschrift*, Nos. 24, 25, 1878, will put our readers in possession of the latest particulars on the subject. We may premise that the strength of the carbolic acid solution injected is 3 per cent., prepared as follows:—Carbolic acid, spirits of wine, of each 1.5 grammes; distilled water, 50 grammes. A Pravaz's syringe is used, and the largest number of simultaneous injections in any one case has been twelve. It is found that one injection into an erysipelatous patch arrests the disease over an area the size of "half a card," by which we presume a visiting-card is meant. Beyond this area, there is scarcely any visible effect; hence, if the patch is very large, the danger of carbolic acid poisoning may be too great for the whole diseased surface to be injected. Dr. Hueter, therefore, lays the greatest stress on nipping erysipelas in the bud, by watching for its earliest symptoms; and the nurses and attendants in Professor Hueter's clinic are carefully instructed in its diagnosis, so as to call the surgeon's attention at once to rigors, nausea, vomiting, or any other change in the patient's state which may be the prelude to the rash itself. In this way a small area only, instead of a large one, has to be treated, and the surgeon is practically certain of being able to control the disease. Dr. Hueter's own observations lead him to conclude that the more severe the initial symptoms, the earlier the rash appears, and *vice versa*.

The cases in which erysipelas has been detected are treated as follows: Attention is first directed to the wound itself. If the surface is healthy and unaltered (which is unusual), it is merely thoroughly washed with 3 per cent. carbolic solution. If, however, it is in any part coated with a gray, perhaps still somewhat transparent, film, or appears diphtheritic, or pulpy, the affected parts are removed by swabbing with 5 to 8 per cent. solution of chloride of zinc; and this is done in every case where the erysipelas starts from a hollow wound.

After this the erysipelatous skin itself is injected at various spots; and, if detected early, two or three syringefuls of carbolic solution suffice. If the injection has to be repeated very often on the same patch the canula is sometimes left in while the syringe is being refilled, and a second injection is made at the same place, trusting to the known great diffusive

power of the carbolic acid. If the erysipelas is complicated with lymphangitis, and lymphadenitis, the red lines on the skin and in the neighborhood of the swollen glands are rubbed with unguentum hydragryri, and sometimes the edges of the rash itself are thickly smeared with the same ointment.

Lastly, the wound and the reddened skin are wrapped up in a dressing of wet carbolic wool, which is changed two or three times daily until all redness has disappeared. The wound is then antiseptically treated.

The results of this system are most satisfactory.

The erysipelas loses its spreading character after the first injections, and in mild cases is, so to speak, destroyed. Severer cases require a second or third series of injections to prevent the skin re-reddening after it has become pale.

Dr. Hueter gives the short details of the seven-teen cases of erysipelas treated in the Greifswald surgical clinic, from May, 1877, to April, 1878. The average duration of each case was two days and a quarter (the longest lasted ten days), and there were no deaths; only one case—the longest—was a complicated one, of a phlegmonous character, with subcutaneous sloughing, not, however, due to the injection. Carbolic acid poisoning only once occurred, and was limited to discoloration of the urine, the patient's general state being unaffected. The advantages of the method of using carbolic acid injections as at present carried out are clearly seen by contrasting the results of the year 1876, when the method was in its infancy, with those of 1877–78. In the former year there were thirty cases treated (and even this number was a great reduction on former years), fourteen recovered without complication, and sixteen were severe cases, of which four died. The average duration of each was six days and nine-tenths.

In conclusion Dr. Hueter points out that any reduction in the number and duration of cases of erysipelas in a hospital is a distinct gain for the other patients, who thus run less chance of infection than they would otherwise. A short case of erysipelas is less likely to lead to the dissemination of "germs" and to their lurking in corners and crevices to spread the disease at some future time, than a long one.—*Med. Times and Gazette*, Sep. 7, 1878.

THE USE OF ERGOT IN TYPHOID FEVER.

M. Duboné, of Pau, recommends ergot in typhoid fever for reasons deduced from its physiological action, and in one of his works cites seven cases in which it was employed. Two were in the early stages, and presented all the characteristic symptoms of the malady, but they got well so soon that it was thought that an error in diagnosis was possible. In three others ergot was not used until after all other medicinal resources had been exhausted, and the patients had reached an almost hopeless state. But they all recovered after taking from a

gramme and a half to three grammes of ergot daily for about two weeks. Another, who presented grave ataxic symptoms from the outset, with delirium, trismus, carphologia, and intermittent pulse, took ergot for twelve days, the disease assuming a milder form and recovery following. Finally, a patient with typhoid fever, who was three and a half months pregnant, was treated with ergot for fifteen days, and got well without miscarriage, although she took a daily dose of a gramme and a half or two grammes of the drug.—*Boston Medical and Surgical Journal*.

THYMOL AS A REMEDY IN SKIN DISEASES.

Dr. Crocker proposes the following formulæ:

1. An ointment consisting of one ounce of vaseline, and from five to thirty grains of thymol, the thymol being dissolved in the vaseline.

2. A lotion consisting of thymol, five grains, rectified spirit and glycerine, each one ounce, water sufficient for eight ounces. The glycerine is added to correct the dessicating effect of the spirit.

3. A solution of from five to eighty grains of thymolate of potash in eight ounces of water. The alkali serves to dissolve the thymol. When the vaseline ointment is stronger than twenty grains to the ounce, the thymol should be first dissolved in alcohol in the proportion of one minim to one grain.

Thymol is an irritant to the skin in a concentrated form, but when the strength is properly adjusted, it is claimed that the remedy forms a desirable substitute for the tarry preparations. It possesses the advantage over tar of being colorless, and having a rather agreeable odor.

In psoriasis Crocker begins with an ointment of five grains to the ounce, which is gradually increased in strength, sometimes as high as thirty grains to the ounce. In eczema, a weaker ointment was used (grs. iii, or grs. v ad ʒ j). As a parasiticide it did not appear to possess any marked superiority over other remedies in common use.—*British Medical Journal*, p. 225, 1878.

INDICATIONS FOR THE USE OF DIGITALIS.

W. H. Day, M.D., in an article on neurosal affections of the heart in children, gives the following indications for the use of digitalis:

1. That when the heart's action is weak and intermittent digitalis should be given with caution, whether the weakness and intermission depend on organic change, or whether they are purely neurosal.

2. If the heart's action is quick, though weak and intermittent, digitalis may be serviceable by reducing the frequency of the cardiac contractions, and lengthening the diastole; if the heart is slow and feeble in its impulse digitalis ought not in my opinion to be administered alone, but

should be given with a remedy like iron or strychnia.

3. In palpitation, from purely neurosal affections of the heart, with the heart's action hard and hammering, as in some cases of chorea and Grave's disease, bromide of potassium does good, and not digitalis. Hence, digitalis is unwarrantable in simple hypertrophy, but when dilatation is combined with it, it is of service.

4. When there is weakness of the muscular structure combined with palpitation, belladonna, or digitalis with bromide of potassium, or iron, or strychnia, are of service.

5. In palpitation produced by muscular effort, digitalis is of less service, and often does harm. In muscular inefficiency, when the heart does not empty itself at every systole, and arterial pressure is low, then it does good.—*Practitioner*, Sept., 1878.

IODOFORM IN EYE-DISEASE.

Patrick J. Hayes, L.R.C.P. Ed., L.R.C.S.I., in *Medical Times and Gazette*: I am anxious to direct the attention of my professional brethren to the value of iodoform as a therapeutic agent in the treatment of certain subacute and chronic diseases affecting the eye and eyelids. Many practitioners are of course aware that for a considerable time iodoform has been used as an application in cases of trachoma or granular lids, and reports have been published, in America and elsewhere, illustrative of the good results which frequently ensue upon its employment. I have not, however, seen any recommendation of it for such cases as phlyctenular and pustular ophthalmia, corneal ulceration, obstinate keratitis, ciliary blepharitis, etc.; hence as I have found it to benefit several patients so affected I venture to invite for it a trial at the hands of my *confrères*. With respect to the method of application I may mention that it is my custom to crush the crystals until they become reduced to a very fine powder, and then, with a delicate camel's-hair pencil, the powder is *freely* dusted over the affected surface. For use upon eyelids such an ointment as the following will be found convenient: iodoform, one part; vaselin, four parts; mix. Iodoform, when brought into contact with the eye, does not give rise to pain, and children who have once experienced its effect will readily tolerate subsequent applications. I have only to add that it is not suitable for, and ought not to be used during, the early or acute stage of conjunctivitis.

HOW TO KILL A TAPEWORM IN AN HOUR.

Kousso and kamala are expensive drugs, nauseous to the taste, not always effectual, and requiring several days to effect the death of the worm. Dr. Karl Bettelheim, of Vienna, narrates, in the *Deutsches Archiv*, just received, a heroic method and nearly sure cure in the short space of

time of three quarters of an hour to two hours. It is this: he inserts a tube in the œsophagus, to the stomach, and pours down from 200 to 400 grammes of a very concentrated decoction of pomegranate root, having previously had his patient fast for 24 hours. The worm is stupefied and passed, head and all, to a certainty; the patient has no sickness of the stomach, and no nauseous swallowing to do; and the drug is cheap.—*Philadelphia Medical and Surgical Reporter*.

THE CANADA MEDICAL RECORD

A Monthly Journal of Medicine and Science.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D.L.R.C.P., LOND

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MONTREAL, NOVEMBER, 1878.

TO OUR SUBSCRIBERS.

By referring to the wrappers, each subscriber can tell the date up to which his subscription is paid. By error, last month, the wrong slips were used, this leading many who had remitted to think that their money had not been received. We think all will find the corrections properly made.

SCRIBNER'S MONTHLY AND THE CANADA MEDICAL RECORD.

Several of our subscribers who, about a year ago, subscribed through us for *Scribner's Magazine* at the rate then advertised, viz.: two dollars a year, have written to us enquiring how we are charging this year, for the same magazine, three dollars. The reason is, that the offer made last year was good to all who subscribed up to the 1st of last July, but only for one year. The sum of two dollars charged for it was an *introduction* price, so as to bring the magazine before the notice of the Canadian people. This year it is placed at *three dollars*, and all who choose to subscribe for it between now and the 1st of next July can have it for one year at the rate advertised. If these rates induce a sufficient number to take the magazine, then a regular rate, likely not more than twenty cents over the price now asked, will be established, that being the price at which it is clubbed with American journals. The same remarks apply as a reason for the increased price of *St. Nicholas*. Having made this explanation, we desire to call attention to the merits of both of these magazines, each of

which in its particular department is not excelled, if equalled, by any on this continent. We strongly recommend them to our readers, and for additional information direct them to the advertisement.

LINDSAY & BLAKISTON'S VISITING LIST FOR 1879.

This handy little volume has been upon our table for some time. We welcome its appearance, as that of an old friend to whom years of service has placed us under obligations. Last year we had several new candidates of this class for public favor sent to us, and we confess that, for the first time in some seventeen years, we began the new year without a Lindsay & Blakiston being our companion in our daily work. In other words, we tried another visiting list, and have to confess that after almost a year's experience we are satisfied that, taking everything into consideration, the Visiting List so long published by Lindsay & Blakiston, of Philadelphia, is not equalled by any other similar candidate for popular favor. We strongly commend it to our readers, as being an indispensable companion to every physician who desires to conduct his professional work in a methodical and business manner. It can be had direct from the publishers, or from Dawson Brothers and J. O'Loughlin, Montreal. We may add that it is prepared for 25, 50, 75 and 100 patients a week.

CANADIAN VINE-GROWERS' ASSOCIATION.

We have received, through the kindness of Mr. James White, representing the well-known firm of Cramp, Torrance & Co., of Toronto, samples of Vin de Porto, Madeira, Savigny, and Sauterne wines, prepared by the Canadian Vine-Growers' Association, of Cooksville, Ont., of whose business they have become proprietors. These wines are manufactured free of excise duty, being the pure juice of the grape, and are really very elegant specimens of the light class of wines. Professor Croft, the well-known chemist of Toronto, says of them:—"The wines are, in my opinion, most excellent, equal to many of the best wines of France." We can most fully endorse this commendation, and, when a mild stimulant is desired, we would very strongly recommend these wines to the notice of the profession in Canada. We see no reason why Canada should not produce an almost unlimited

supply of this class of light wines. The quantity of grapes now grown in various sections of Ontario is marvellous, and, as the climate of the portions where they grow in profusion is not unlike that of the Rhine, we hold the opinion that we can produce here an article so sound and so pure that there need be little necessity for a supply of the imported article. Samples of these wines were exhibited at the meeting of the Canada Medical Association, held in Hamilton in September last, and were highly approved of by the members present. The stock now offered by Messrs. Cramp, Torrance & Co. is four years old. Mr. White, we believe, intends calling on the profession in the leading places in the Dominion, and we commend him and his wines to our readers.

CANADA MEDICAL ASSOCIATION.

The Eleventh Annual Meeting of this Society, which was held in Hamilton on the 11th and 12th of last September, was a successful gathering. The attendance of members was good, and the papers read were of considerable merit. Dr. Joseph Workman, the President, gave an excellent address. Dr. MacDonald, of Hamilton, who was elected President, gave an elegant entertainment, and the Hamilton Medical Society entertained the members at dinner. At both of these gatherings a most enjoyable time was passed. The next meeting will be held at London, Ont.

The Publication Committee are making an effort to publish the transactions in a volume, similar to that which appeared after the Montreal meeting last year. We sincerely hope they will be successful, and commend to our readers the advertisement on the subject which will be found in this issue. Subscribers names should be forwarded to Dr. Osler, Montreal.

MEDICAL DINNERS.

The Medical Students of McGill University held their annual dinner at the "Carleton," Montreal, the end of October. Mr. George W. Nelson, of Montreal, of the Medical Department of Bishop's University, represented his fellow students at the dinner.

The Medical Students of Bishop's University held their annual dinner on the 4th November, at the Terrapin. Mr. Henwood, of Brantford,

represented the medical students of McGill University, and spoke of the cordiality and good feeling existing between the students of both schools. Dr. Burland, of the Montreal General Hospital, was present, and gave the students an excellent address.

The annual dinner of the students in attendance at the Royal College of Physicians and Surgeons, Kingston, Ont., took place on the 14th of November.

All these dinners seem to have been most enjoyable affairs, and when we think of the students dinners of our own days, we are firmly convinced that not only the world, but the "embryo" medicos have advanced since that time, which is *not* so long, long ago.

PERSONAL.

Dr. Andrew Clarke, accompanies the Marquis of Lorne and the Princess Louise to Canada as medical attendant. The Royal party arrived at Halifax on the night of the 23rd November. He will remain in Canada a few weeks.

Dr. Tunstall (M.D., McGill College, 1875) has commenced practice in Montreal.

Dr. J. W. Dugald MacDonald (M.D., Bishop's University, 1878) has been in practice several months at Manchester, N.H., U.S., and is doing well.

Dr. C. R. Belle (M.D., Bishop's University, 1878), after a six months sojourn in Paris, has settled at Central Falls, Rhode Island, U.S.

Dr. William Young (M.D., Bishop's University, 1878) has safely arrived at Hong Kong, China, and commenced practice among the celestials.

Mr. Callender, of London, is expected to visit the United States and Canada in December. He will receive a cordial welcome.

Dr. H. E. Mitchell (M.D., and gold medallist Bishop's University, 1878) has commenced practice at Stanbridge Station, Que.

NITRATE OF SILVER AS A UTERINE CAUSTIC

Is thus spoken of by Dr. T. Addis Emmet: "We have no remedy which acts with more promptness than the nitrate of silver, which applied to the mucous membrane of the cervix, yet it has done more damage than any other. From being in common use, it is the more dangerous; for its repeated

action will ultimately destroy the mucous follicles, harden the tissues, and close the os, as certainly as the application of the actual cautery."

THE DISCOVERER OF ANÆSTHESIA.

Dr. Crawford W. Long, of Athens, Georgia, the discoverer of modern Anæsthesia, died on the 15th of last June, aged 63 years.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS.

The well-known publishing house of William Wood & Co., of New York, have issued a circular announcing that, in January, 1879, they will begin the publication of medical books by the most distinguished modern and standard authors in monthly volumes of from two to three hundred pages and upwards, handsomely and strongly bound, at the merely nominal price of one dollar each. Messrs. Wood state that, estimating from the regular prices of the books so far selected for publication in 1879, subscribers to this Library will obtain about fifty dollars worth of Medical books for twelve dollars. Among the works announced as forming a part of the set are the following: "On Rest and Pain, by John Hilton, F.R.S., F.R.C.S.; Diseases of Children, by Edward Ellis, M.D.; Diseases of Women, by Lawsen Tait, F.R.C.S.; Diseases of the Liver, by Dr. Fried. Theod. Frerichs, translated by Charles Murchison, M.D.; Infant Feeding and its Influence on Life, by C. H. F. Routh, M.D. This is certainly a bold undertaking, and can only be successful by a very liberal support from the profession. Only imagine twelve of the latest and most interesting and important works for twelve dollars! We honestly believe that every medical man in the Dominion should enter their names as subscribers.

Since the above was written we have received the first volume of the Series, Rest and Pain, by John Hilton, F.R.S. If this is a sample of the style in which subsequent issues are to be produced, then is our astonishment great indeed at their being able, even with an immense sale, to procure books so well got up in every way at the low price of one dollar. Of the merits of the volume itself it is all but needless for us to say anything. The interest which these lectures produced when they first appeared in the *London Lancet* was continued and became even

more intensified when they first appeared, some years ago, in book form. The edition becoming exhausted a second issue was called for, and from this edition the present volume is published. Previous to its appearing the lectures underwent a very careful revision at the hands of Mr. Hilton. We can honestly state that in this volume the promises of the circular have been honestly fulfilled. We may add that those who pay the \$12 in one cash payment, in advance, will receive the books postage free. For other terms we advise communication with the Publishers.

JORDAN'S NORWAY COD LIVER OIL.

Messrs. Lymans, Clare & Co. have sent us a sample of pure Norway Cod Liver Oil, bottled at Trondhjem, Norway. It certainly is, in appearance, a beautiful specimen of clear cod oil, and is, perhaps, the most palatable oil we have ever tasted. If in other respects as good, this is no small advantage, for at first few stomachs relish oil of any kind, more especially cod liver oil. Previous to its being bottled it is, we are informed, deprived of its stearine and olaine, which enables it to keep fresh and free from rancidity for a considerable time. It is only put up in half-pint bottles, and it does not, therefore, get time to deteriorate by exposure to the air after the bottle is opened as it is soon used. This oil has been awarded five gold medals at various international exhibitions, and at the Paris Exhibition just closed it was awarded a silver medal. It would seem, therefore, that those most qualified to judge hold it in high estimation.

TROMMER EXTRACT OF MALT.

This preparation, since its introduction into Canada, has had a most extraordinary demand—the wholesale agents, Messrs. Lymans, Clare & Co., of this city, being quite unable to keep up the supply—so great has been the enquiry for it. We have prescribed it in a number of cases, and, while our present opinion is quite favorable, we must wait a more extended experience before speaking positively. It has been introduced into England, and the following certificate from Mr. Redwood, Ph. D., F.C.S., Professor of Chemistry and Pharmacy to the Pharmaceutical Society of Great Britain, speaks for

itself. To those who feel inclined to try the remedy, we commend the advertisement concerning it to be found in the *Record*.

Dr. REDWOOD's Analytical Department,
17 Bloomsbury Square,
London, W. C., 18th Sept., 1878.

I have examined the Extract of Malt, manufactured by the Trommer Extract of Malt Company, and, judging from its physical character, and chemical reactions, I am of opinion that it fairly represents what its name indicates, that is, that it is a preparation of malt in which are contained the essential properties of that substance, with a slight addition of the aromatic bitter of the hop. It has the character of a soft extract, in the sense in which that term is used pharmaceutically; and it has evidently been prepared with great care and judgment, as it retains the property of acting on amylaceous bodies as diastase does, while the Extract itself bears long keeping without change. It also possesses the property of forming, with Cod Liver Oil, a permanent mixture or emulsion in which the taste of the oil is very effectually covered, and its administration thus greatly facilitated.

(Signed,) T. REDWOOD, Ph.D., F.C.S., &c.,
Professor of Chemistry and Pharmacy to the
Pharmaceutical Society of Great Britain.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

NOVEMBER 1ST, 1878.

The President, DR. HENRY HOWARD, in the chair.

Under the head of "Pathological Specimens" the following were exhibited.

DR. CAMERON, a case illustrating tubal gestation on the right side. This was a case of unusual interest, and the following remarks were made by Dr. Cameron: Mrs. B., æt. 40, had one child nine years ago, had menstruated regularly since then up to August the 15th. On Friday forenoon, October 25th, she was seized with sudden pain on running down stairs, felt faint, and could hardly get up to bed. On examination there was evidenced distention and considerable tenderness on pressure, especially over the epigastrium, slight sanguineous discharge from the vagina, temperature normal, pulse 100. After the administration of opiates she was much easier, and continued so during the next day; vomited some undigested matter during the day with much relief; discharge ceased in the evening; pain was felt chiefly when she moved about. On Sunday, at noon, felt very

comfortable, temperature normal, pulse 76. At 2 p.m. she got up, walked a few steps, and fell back faint and weak upon the bed, complained of being weak, and apparently went asleep; at 6 p.m. was found to be unconscious; at 8 p.m. Dr. Cameron found her lying blanched and insensible, with cold extremities, pinched features, and cold sweat, pulse reduced to a flicker and uncountable. Stimulants, heat and friction revived her. Was seen in consultation with Drs. Roddick and McCallum. Vaginal examination showed the os and cervix softened, canal of the cervix patulous, uterus enlarged in size, a small mass like a soft intra-uterine polypus protruded through the internal os. Internal hemorrhage, probably from extra-uterine gestation, was diagnosed. She rallied during the night, and the next morning, Monday the 28th, at 8 a.m. she rose up suddenly on her elbow and fell back unconscious. She died at 10 a.m., and a post-mortem examination was made at 5 p.m., in company with Drs. Osler and Roddick. Between 60 and 70 ozs. of blood, fluid and in loose clot, was found in the abdominal cavity. No peritonitis. Tubal pregnancy was found on the right side. The sac had thinned and ruptured, and the ovum enclosed in its membranes had partly protruded. Two corpora lutea were found, the one on the left side being the more recent. The uterus was enlarged, the decidua membrane in the cavity was well developed, a blood clot fastened to the lower end of the decidua protruded through the internal os and simulated a soft polypus.

DR. CAMERON exhibited along with this specimen a very beautiful drawing of the case.

DR. TRENHOLME remarked that the case was one of much interest, especially to himself, inasmuch as the continuation of menstruation after impregnation was in accordance with his own views, as given before the International Congress in 1876. Dr. Trenholme had found not infrequently one of the fallopian tubes was open in uterine conception thereby freely allowing the discharge of an ovum or any fluid without necessarily interfering with gestation. If this could be so in uterine pregnancy how much more might ovulation with regular menstruation take place in cases of tubular gestation, as illustrated by this specimen, where the history of the case and appearances of the corpora lutea on either side were strongly corroborative of the view that ovulation had occurred in the

opposite ovary *after* the woman became pregnant.

DR. OSLER exhibited the organs from a case which occurred under the care of Dr. Ross in the Montreal General Hospital. The patient was brought in, with symptoms of profound coma, was in the Hospital 36 hours when she died.

Post-mortem examination showed pneumonia of the apex of the right lung, extending towards the base. Inflammation of the meninges of the cortex of the brain, no basilar affection. There was also recent endocarditis. Dr. Buller had examined this patient after his admission to Hospital. At the lower margin of the left cornea was commencing ulceration, as is observed in paralysis of the fifth nerve, there was this difference however, only six days had elapsed since the beginning of the attack; in paralysis of the fifth several weeks generally elapse before ulceration begins.

The third case was one of Phthisis. There was excavation of the apex of the right lung, the lower lobe in a condition of caseous pneumonia. An enormous area of lung was consolidated. There was a small cavity in the apex of the left lung, and in this lung was also seen the gelatinous infiltration which, by the older pathologists, was supposed to precede the deposition of tubercle. There were no traces of milliary tubercle in either lung.

The fourth case was one of Cirrhosis of the Liver, moderately advanced. The patient had been tapped on three separate occasions; last tapping was followed by peritonitis and death.

Dr. Ross read a paper on a case "Acute Spinal Paralysis," which he believed to be due to myelitis of the anterior horns of the grey matter, as the clinical features corresponded closely with those described in this affection by Erb, Benedict and others. In the discussion which followed Dr. Osler remarked that the majority of these cases terminate favorably. Dr. Buller said it was the opinion of Hughlings Jackson that almost every serious brain trouble will be manifested by the condition of the optic nerve. He had examined the case reported by Dr. Ross. It did not present the character of inflammatory changes, yet it was not as it should be. The translucency of health was lost, but it did not amount to optic neuritis.

A vote of thanks to Dr. Ross for his interesting paper, to Dr. Osler for the pathological

specimens, and to Dr. Cameron for his instructive case, was moved by Dr. Trenholme and seconded by Dr. Roddick, and carried.

Under the head of cases in practice DR. KENNEDY exhibited a specimen of gall stone, the size of a pigeon's egg. The patient had had several previous attacks of a similar nature. In this last attack she had lain for the three days in a comatose condition. Dr. Osler remarked that it must have passed by ulceration. Dr. Shepherd stated that, during last session, he met with a case in the dissecting room in which the gall bladder contained a skull cap full of stones.

DR. OSLER mentioned four cases of urticaria occurring in one house, supposed to have arisen from eating blueberries. Dr. Buller had had a personal experience of this disease arising from a like cause, and gave testimony accordingly.

OLIVER C. EDWARDS, M.D.,
Secretary.

VOMITING OF PREGNANCY.

We are informed by the *Lyon Médical* for April, 1878, that Dr. Lubelsky, of Warsaw, has added another to the many means that have been recommended for the cure of this troublesome affection. On the first appearance of the vomiting, or even of the nausea which usually precedes it, he employs Richardson's spray apparatus to direct a douche of atomised ether on the epigastric region, and on the corresponding part of the vertebral column; this is continued 3-5 minutes, or even a longer time if the patient bears it well, and may be repeated every three hours. In obstinate cases chloroform and ether are used alternately. The success of this method of treatment is said to be constant and complete. M. L. adds that the same remedies are equally efficacious in chorea and in attacks of asthma and whooping-cough.

COMPOSITION OF THE PANCREATIC JUICE.

Th. Defresne (*Répertoire de Pharmacie*) has separated three different ferments from the pancreatic juice, each of which has different functions and properties:—

Amylopsine, which converts starch into sugar.
Steapsine, which splits up fats.
Myopsine, which dissolves albumen.

DIED.

In Montreal, on the 12th November, J. A. Park, M.D., (McGill College, 1878) aged 23 years.

BIRTH.

In Montreal, on the 23rd November, the wife of Dr. George W. Wilkins, of a son.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

PLANTS INDIGENOUS TO OR NATURALIZED IN NORTH AMERICA.

[The names in *italics* denote such plants as are introduced from other countries, and have either become entirely naturalized, or are at least extensively cultivated. Some, like *Lycopodium*, *Uva Ursi*, etc., are probably indigenous to all northern countries.]

Abies bals.—*Abies Canad.*—*Ailanthus*.—*Ab-sinthium*.—*Achillea*.—*Aletris*.—*Apocynum* (an-dros. and cannab.).—*Aralia*.—*Asarum* (Can.).—*Arum* (triph.).—*Asclepias* (Corn., incar., tub.).—*Azedarach*.—*Baptisia*.—*Belladonna*.—*Berberis*.—*Buxus*.—*Calamus*.—*Cannabis sativa*.—*Carota*.—*Carthamus*.—*Cassia* (Maril.).—*Cataria*.—*Caulophyllum*.—*Chelidonium*.—*Chelone*.—*Che-nopodium*.—*Chimaphila*.—*Chondrus crisp.*—*Cimicifuga*.—*Citrus* (*Aur.*, *Lim.*, *vulg.*)—*Conium*.—*Coptis*.—*Corydalis*.—*Cotula*.—*Cypripedium*.—*Diospyros*.—*Dracontium*.—*Drosera*.—*Eri-geron* (het., *Phila.*, *Canad.*)—*Eriodictyon* (*Yerba Santa*)—*Euonymus*.—*Eupatorium*.—*Euphorbia*.—*Filix Mas*.—*Fraseria*.—*Galium* (*Apar.*)—*Gaultheria*.—*Gelsemium*.—*Gentiana* (*Catesb.*)—*Geranium*.—*Geum* (*riv.*)—*Gillenia*.—*Grindelia*.—*Hamamelis*.—*Hedeoma*.—*He-lianthemum*.—*Helonias* (*dioica*)—*Hepatica*.—*Heuchera*.—*Humulus*.—*Hydrangea* (*arbor.*)—*Hydrastis*.—*Inula*.—*Iris* (*vers.*)—*Jef-fersonia* (*diph.*)—*Juglans*.—*Juniper* (*comm.*)—*Juniperus*.—*Virg.*—*Lappa*.—*Leptandra*.—*Lin-um*.—*Liriodendron*.—*Lobelia*.—*Lycopodium*.—*Lycopus* (*Virg.*)—*Magnolia*.—*Marrubium*.—*Melissa*.—*Mentha* (*pip.*, *vir.*)—*Monarda*.—*Pan-ax* (*Ginseng*)—*Pepo*.—*Petroselinum*.—*Phytolac-ea*.—*Pinus* (*pal.*, *Tæda*)—*Podophyllum*.—*Prinos*.—*Prunus Virg.*—*Quercus* (*alb.*, *tinet.*)—*Ranunculus* (*bulb.*)—*Rhus* (*glab.*, *Toxic.*)—*Rosmarinus*.—*Rubus* (*vill.*, *Canad.*)—*Rumex*.—*Ruta*.—*Sabbatia*.—*Sabina*.—*Salix* (*alb.*)—*Sal-via*.—*Sambucus*.—*Sanguinaria*.—*Sarracenia* (*purp.*)—*Sassafras*.—*Scutellaria*.—*Senega*.—*Serpentaria*.—*Sinapis*.—*Solidago*.—*Spigelia*.—*Spiræa*.—*Statice*.—*Stillingia*.—*Stramonium*.—*Tabacum*.—*Tanacetum*.—*Thuja* (*occ.*)—*Thymus* (*vulg.*)—*Trillium* (*erect.*, *pend.*)—*Triosteum*.—*Ulmus*.—*Uva Ursi*.—*Valeriana* (*off.*)—*Ver-bascum* (*Thaps*)—*Viburnum* (*prunif.*)—*Vera-trum viride*.—*Viola* (*ped.*)—*Vitis* (*vinif.*)—*Xanthorrhiza*.—*Xanthoxylum*, etc.

PLANTS INDIGENOUS TO OR NATURALIZED OR CULTIVATED IN GREAT BRITAIN.

[There being much diversity of opinion, in the case of many of these plants, whether they are really natives of Great Britain, no distinc-tion is made between them.]

Achillea.—*Aconitum*.—*Anethum*.—*Angelica*.—*Anthemis*.—*Armoracia*.—*Asarum* (*Eur.*)—*Bel-ladonna*.—*Carum*.—*Chondrus*.—*Colehicum*.—*Conium*.—*Coriandrum*.—*Digitalis*.—*Duleamara*.—*Eeballium* (from this: *Elatarium*.)—(*Ergota*.)—*Filix Mas*.—*Fœniculum*.—(*Galla*).—*Humu-lus*.—*Hyoscyamus*.—*Lactuca* (from it: *Lactu-carium*).—*Larix*.—*Lavandula*.—*Linum*.—*Lau-rocerasus*.—*Mentha* *pip.*, *Mentha vir.*—*Meze-reum*.—*Origanum*.—*Papaver*.—*Quercus* (*ped.*)—*Rhamnus cath.*—*Ramnus frang.*—*Rhœas* (*Pap. Rh.*)—*Rosa*.—*Rosmarinus*.—*Ruta*.—*Sa-bina*.—*Salix*.—*Salvia*.—*Sambucus*.—*Scoparius*.—*Sinapis*.—*Stramonium*.—*Taraxacum*.—*Thymus*.—*Tormentilla*.—*Tussilago*.—*Ulmus*.—*Uva Ursi*.—*Valeriana*.—*Verbascum*.—*Viburnum* (*Opulus*).—*Viscum album*, etc.—*New Remedies*.

ALBUMINATE OF IRON.—It is not quite certain in what chemical form iron is assimilated, when taken either in a native state or through ferrous or ferric salts. It is generally believed that it is first formed into an albuminate. It is certain that in the blood it always exists in the state of ferric oxide, but whence is derived the oxygen necessary for the superoxydation of the native iron or the ferrous salts is not clear. Possibly it is furnished by the air introduced into the stomach with the food. Some observers, how-ever, maintain that the labor of this chemical process should not be imposed on the digestive apparatus.

Dr. Treize claims to have obtained some marvellous results with a solution of ferric albuminate produced by treating the white of eggs with perchloride of iron, washing the pre-cipitate until the excess of chloride and hydro-chloric acid is eliminated, and then dissolving it in distilled water, acidulated by hydro-chloric acid. The process has been slightly modified by M. Koblick, of Berlin, thus:—Mix the white of one egg, with 10 grammes of liquid perchloride of iron. Collect on a filter the red-dish-brown precipitate which forms, and wash it in distilled water until the liquid passes per-fectly transparent. The precipitate is then dis-solved in 500 grammes of distilled water, acidu-lated by twelve drops of hydrochloric acid.

Albuminate of iron should be freshly pre-pared, or it becomes insoluble, and it should be administered in solution (a tablespoonful three times a day). 100 grammes of this solution contain ferric albuminate equal to .028—.056 of metallic iron, varying according to the size of the eggs. This is not a strong dose, but is suffi-cient, and is easily assimilated. The albuminate itself contains 2.80 per cent. of metallic iron.

Dr. Treize has employed this preparation with great success in pulmonary diseases, add-ing to 250 grammes of albuminate, 12 drops of a solution of 0.05 of phosphorus in 30 grammes of sulphuric ether.

This compound has some analogy with the

poudre de sang recently introduced, which, so far as we know, has not proved a success.—*Journal of the Society of Arts.*

SOLID COMMERCIAL SULPHURIC ACID.—Stark's extensive sulphuric acid works in Bohemia, which produce the so-called Nordhausen or fuming sulphuric acid on a very large scale from aluminous slate, have lately commenced to put the pure anhydrous solid sulphuric acid on the market. It is put up in tightly-soldered tin (tinned iron) boxes, which were found to answer best, because at ordinary temperature sulphuric anhydride is without action upon metals, and particularly upon tin. This form of acid is very useful, and its transportation by far less risky than when shipped in a liquid form. The constantly growing production of artificial alizarin has been chiefly the cause of this innovation, it being well known not only that large quantities of fuming sulphuric acid are required for its preparation, but also that the yield and quality of the product depend upon the degree of concentration of the oxidizing agents.—*Pharm. Centralb. fr. D. Ind. Zeit.*, 1877, 373.

AMMONIA TREATMENT OF RHEUMATISM.—Dr. M. Lewis reports in the *Southern Med. Record* of October 20th his success in the use of aqua ammonia internally in the treatment of acute rheumatism; it has been so good as to warrant his recommending its trial by others.

POTASSIUM PERMANGANATE EXPLOSIONS.—A question in the *Pharmaceutische Zeitung* has elicited several interesting, though not quite novel, facts. It seems that some extract. millefolii exploded when rubbed in a mortar with potassium permanganate. Dr. Fr. Reichel says that the free acid in the extract liberated permanganic acid, which, in turn, attacked the organic matter so violently as to cause the explosion. If the acid is neutralised by carbonate of soda before the permanganate is added, no explosion occurs. Richard Hoffmann assigns it to the essential oil in the extract. When the oil is rubbed with the salt, flames break out, followed by a violent explosion. Phenol, the hydrocarbons, such as camphor, benzol, and oil of orange peel, and the oxygenated oils, as ol. calami, ol. valerianæ, and their corresponding extracts behave in the same way.

THE PHYSIOLOGICAL ACTION OF CHLORHYDRATE OF PILOCARPINE.—Dr. Demetrius Keriea has made a series of experiments on chlorhydrate of pilocarpine in M. Constantin Paul's wards. The experiments have demonstrated to him the following facts: 1. Used as a subcutaneous injection, chlorhydrate of pilocarpine in doses of two centigrammes (0.3 grain) and upwards, produces the same physiological effects as jaborandi, of which it is the alkaloid. 2. In much smaller doses, pilocarpine acts also by only inducing diaphoresis, which in certain

cases has been replaced by diarrhoea. So soon as doses of from one to two centigrammes are attained, salivation always comes on, but below that dose it is generally absent, and perspiration alone occurs even with doses of two and a half milligrammes (0.04 grain) of chlorhydrate of pilocarpine.—*Lond. Med. Record*, March 15, 1878.

CHLORHYDRATE OF PILOCARPINE IN CERTAIN AFFECTIONS OF THE EYES.—Dr. Alexandroff, of Marseilles, claims for chlorhydrate of pilocarpine an action little short of miraculous in rheumatic iritis and choroiditis; two or three subcutaneous injections of the alkaloid, according to the author, having restored vision in cases which most ophthalmologists would regard as almost, if not entirely, hopeless. The author states that the alkaloid in solution applied to the eye acts in the same manner as eserine but that it does not give rise to pain after its application. Salivation, profuse sweating, epiphora, and flushing of the face followed immediately after the injection of the drug, and continued for some hours.—*London Med. Record.*

SALICYLATE OF QUININE.—This compound is obtained by pouring a cold saturated solution of hydrochlorate of quinine into a solution of salicylate of ammonia. It forms a cheesy precipitate, which crystallizes from alcohol in delicate prisms. It can also be obtained by saturating an alcoholic solution of quinine with another alcoholic solution of salicylic acid, and allowing the liquid to evaporate slowly. Salicylate of quinine contains no water. According to an analysis made by Jobst, it consists of one atom of salicylic acid and one atom of quinine, which is equivalent to rather more than 70 per cent. of quinine. It is soluble in 116 parts of water at 60° Fahr., in 20 parts of alcohol at 90 per cent. and in 120 parts of ether.

ERGOT IN TRICHINOSIS.—Dr. Rhode, in the *Berlin Klin. Wochenschrift*, states that he accidentally discovered that the free administration of ergot, especially of ergotin, hypodermically, is a speedy and positive curative agent in trichinosis. In one case, eight grammes of ergotin effected a rapid cure.

A NEW METHOD OF ADMINISTERING MEDICINE.—May be seen at the Paris Exhibition in the gelatine preparations or *Lamelles* prepared by Messrs Savory & Moore, of London, England. A known quantity of gelatine is taken, and a known quantity of a medicine in a concentrated form is incorporated with it *secundum artem*. The gelatine is then spread into a sheet and divided, so that each division contains a convenient quantity of the medicine. A sheet, three inches by two, and of insignificant thickness, will contain 24 doses of the juice of aconite or belladonna and other drugs, or, with more powerful medicaments, such as morphia or

atropia, the dose may be included in a morsel of a sixteenth of an inch square and of a thickness which requires the second decimal place to express its value in inches. It is obvious that these preparations have many useful characters. An emigrant setting out for the backwoods may carry with him, in a pocket book no larger than a lady's card case, two dozen doses of as many different drugs. A doctor, starting on his rounds, may have in his waistcoat pocket blisters, narcotics, emetics, atropine for dilating, and eserine for contracting the pupil of the eye. The traveller may carry with him in all his wanderings a thousand of the daily doses he needs to retain his health. In neither case are there bottles to be broken, or powders or liquids to be weighed or measured or to deteriorate in changes of climate. Many physicians now order medicines containing but one ingredient. It is quite possible that the next generation will look on such preparations as tinct. camph. co. as scornfully as we regard the mithridates, and, as simplicity is more largely adopted, so will these preparations become more popular. That the preparations are very elegant this case is a most convincing proof, and when we first inspected them we were astonished at the number of drugs which had already been prepared in this form. The *Lamellæ cantharidis* deserve a special note. This blistering gelatine is in sheets which can be easily cut to the required size. When applied it is almost entirely absorbed by the skin, very little has to be removed, so that one of the most painful features of the ordinary blister is much modified. For cleanliness these "lamellæ" bear the same relation to the common application that mustard papers bear to mustard plasters.—*Chemist and Druggist*.

CINCHONA AND IRON-SALTS.—Catillon remarks in *Repertoire de Pharmacie*, that the well-known discoloration of a mixture of syrup or wine of cinchona with iron-salts—with iodide of iron, for instance—which is owing to the formation of a tannate of iron, may be entirely prevented by dissolving alcoholic extract of cinchona in pure glycerin, and adding to it the iron-salt likewise dissolved in glycerin. The mixture remains clear, and has the characteristic tint of cinchona.

THE PROVINCE OF CARUBAYA, one of the richest, though most inaccessible parts of Peru, and the source, formerly, from which much calisaya bark was derived, is now being examined by government engineers with a view to improve the lines of communication.

H. P. (Lehigh, Pa.).—**POROUS PLASTERS HAVING LOST THEIR ADHESIVENESS** can be restored, it is said, by the application of oil of turpentine with gentle warming. Sometimes it is necessary to renew the operation two or three times.

KOUMISS.—*Chloral (Bloomington, Ill.)* favours us with the following receipt, which he has found to give a satisfactory product of uniform quality: "Take quart champagne bottles, put into each two ounces of fresh yeast and one half ounce of powdered sugar, and fill them with fresh skimmed milk, cork the bottles tightly, and tie the corks with stout cord. Let them stand in a warm place until the liquid begins to thicken, then lay them on the side in the cellar for about a week, and you will have a splendid article of fresh Koumiss. In using fresh skimmed milk, you are relieved of a large percentage of casein."

THE EFFECT OF GLYCERINE ON FERMENTATION.—It may be useful to the practical pharmacist who is in the habit of manufacturing proprietary articles of his own, and particularly lotions for external use, to be reminded that glycerine has a remarkable effect in retarding decomposition. There is a short note in the *Chemical Journal*, giving in abstract the opinion of J. Munk upon this subject. The theory suggested is quite new to us, though the practice has long since been introduced into laboratory work. He states that glycerine retards the lactic and alcoholic fermentations. One-fifth of glycerine added to milk, at a temperature of 15° to 20° C., prevented it from turning sour for eight or ten days. One-half or one-third of glycerine, at the same temperature, postponed the fermentation of milk for six or seven weeks. At higher temperatures, larger quantities are needed to produce the same results. We are quite prepared to accept the statement; and, with respect to the next remark, we can add personal testimony—namely, that the formation of hydrocyanic acid from amygdalin and emulsin is also retarded by glycerine. It is not unusual to add a small quantity to the trade preparation called milk of roses, and the preservation of almond paste is aided by the same means. Several fluid extracts, non-official, may be treated thus. With regard to cosmetics generally, the employment of glycerine in very small proportions may be recommended.

BROMHYDRIC ACID IN TINNITUS AURIS FROM QUININE, ETC.—This acid affords an excellent means of stopping that ringing of the ears which is often such a disagreeable accompaniment to the injection of quinine. It also exercises a not less favorable influence upon other noises, particularly those of a pulsatile character, which give, for example, the sensation of hammering. If vertigo is present, the bromhydric acid neutralizes that also. The dose is fifteen drops in a little water every fifteen minutes.—*Presse Med. Chir. de Pesth*.

THE EUCALYPTUS AS AN INSECTICIDE.—In a letter to the *Illustration Horticole* M. Baltet says: "Lately my brother-in-law, Captain Mignard, being very much disturbed in his sleep by mosquitoes, took it into his head to place a young plant of eucalyptus in his bed-room over night. From that moment the insects disappeared, and he slept in comfort. I have been following his example with the same result."

THE CHEWSTICK.—In the *Journal of Applied Science* for June, we find a reference to a Jamaica plant, known as Chewstick, specimens of which are shown at the Paris Exhibition, in the form of herb, powder, and tincture.

The Chewstick, though not indigenous to Jamaica, is perhaps better known there than in other islands, where varieties of it are known. It is named by botanists *Gouania Domingensis*, and is a very beautiful and thick bushy vine, with a profusion of foliage climbing upon the trees growing in its neighborhood, and with a stem varying in thickness from that of a walking-stick to that of a pen-holder. The stem is very fibrous, and when these fibres are detached at the end of a section of the stem by *chewing*, becomes a rude but most perfect tooth brush, giving out in the month, when rubbed over the teeth, a saponaceous froth of a pleasant aromatic bitter taste, which remains in the mouth for some time, and which not only serves the purposes of a tonic bitter when used in this way, but also whitens the teeth and hardens the gums; on this account it is extremely popular in Jamaica as a dentifrice amongst all classes, and has attracted a good deal of favor in foreign countries. It also possesses another peculiar property. If a quantity of the bruised vine be steeped in water, wort, beer, or any kind of watery infusion, there is communicated to it a warm, bitter, aromatic taste, and if the fluid so treated be poured out from one glass into another, it will be found to have acquired all the appearances of beer (minus its alcoholic flavor) in a high state of fermentation; on this account the chewstick ought to be very useful to brewers and others of this class, since stale or immature beer would be much improved by its use, giving to such fluids a warm aromatic bitter taste, more agreeable than that given by hops, though certainly it does not possess the narcotic principle which makes hops so indispensable to the brewer and others.

If our pampered civilization should object to the use of the rough kind of tooth-brush which Nature has herself provided, the virtues of the Chewstick can be secured either in the form of powder or tincture; either, applied with a tooth brush, will fill the mouth with a thick saponaceous froth which, at the same time, cleanses the teeth and leaves a sense of warmth and an agreeable flavor which lasts for some hours.—*Chemist and Druggist*.

BALATA is the name of a product resembling caoutchouc or gutta-percha, occupying a rank in usefulness between these, and is already in great demand in Europe for manufacturing purposes. It is derived from the South American "Bully-tree," *Chrysophyllum Cainito*.

SEA-WATER SOAP consists of common soap containing phosphate of sodium. This addition enables it to form a good lather with almost

any natural water. The oldest form of marine soap was made of cocoa-nut oil, and required nothing additional to enable it to be used with sea-water.

NEW KIND OF GLASS.—Mr. Sidot, of Nancy, is the discoverer of a new kind of glass, which is prepared by heating acid calcium phosphate to a white heat. It may be cast like ordinary glass, and may therefore be used for the manufacture of lenses, prisms, eye-glasses, etc. It can also be used as an enamel for crucibles and other earthen vessels. Hydrofluoric acid does not attack it.

A SUPERIOR PASTE.—Mr. Charles A. Durfee, in the *Library Journal*, makes the following remarks regarding a paste which will remain firm through years of handling, and at the same time not stain the page by striking through, as is often the case with gum arabic: After years of experiment, he finds that a paste made of seven parts of gum tragacanth and one part of gum arabic, with a few drops of oil of cloves, or diluted carbolic acid, will be found most reliable. Bookbinder's paste is excellent, but needs renewing every few days to avoid souring. The following receipt for starch paste he says is very good: Two ounces of starch, one ounce of white glue, half an ounce of acetic acid, a few drops of oil of cloves. Dissolve the glue in cold water and then boil. Dissolve the starch in cold water, and pour into the glue while boiling.

PACKING PAPER may be made water-tight by dissolving 8.82 lbs. of white soap in 1 quart of water, and dissolving in another quart 1.82 ozs.—troy weight—of gum arabic, and 5.5 ozs. of glue. The two solutions are to be mixed and warmed, the paper soaked in the mixture, passed between rollers and hung up to dry.

[A much simpler and equally efficacious mixture can be made by the addition of a small quantity of bichromate of potash dissolved in water, to the solution of glue alone.]

TO PROTECT FURS FROM MOTHS.—The best protective for this purpose is said to be naphthalin, which is also supposed to be the basis of various commercial moth-destroyers, such as "antiputrin," "antirirein," "tineol," etc.

ANTIDOTE TO CARBOLIC ACID.—The *Pharmaceutisch Zeitung für Russland* says that on the recommendation of Professor Baumann, Dr. Sanfleben has used sulphuric acid in several cases of poisoning by carbolic acid with the best success, the phenol combining with the acid to form phenyl-sulphuric acid, which is not poisonous. He administered it in a mixture composed of diluted sulphuric acid 10.0, mucilage of gum 200.0, and simple syrup 30.0, grammes, in doses of a tablespoonful every hour.

The Canada Medical Record.

MONTREAL, DECEMBER, 1878.

CONTENTS.

ORIGINAL COMMUNICATIONS.

	PAGE
Lecture on the Varieties of Phthisis. By Andrew Clark, F.R.C.P., of London, England, Senior Physician to the London Hospital, 57. Case of Extra Uterine Pregnancy. Death. By Richard A. Kennedy, M.D., C.M., Professor of Midwifery, Bishop's University	65

PROGRESS OF MEDICAL SCIENCE.

	PAGE
On the Absorption of Lime Salts, 68 Removal of the Lower Portion of the Left Lung, Recovery, 68. New York Academy of Medicine, Section on Obstetrics, 69. Moist Hands, 71. A Clinical Lecture, 72. Magic Effects of Hypodermic Puncture of Morphia in cases of Dysentery, 72. The Arsenical Treatment of Chorea, 73. On the Use of Chloral Hydrate Enemata, 76. The Physiological Action of Purgatives.....	76

EDITORIAL.

	PAGE
To our Subscribers, 77. Dr. Clark's Lecture on Phthisis, 77. Maltine, 77. Hunyadi János and Apollinaris Water, 77. Billing's Index to Medical Periodicals, 78. Scribner for January, 78. Medico-Chirurgical Society, 79. Births and Marriages.80	

PHARMACEUTICAL DEPARTMENT.

Original Communications.

Lecture on the Varieties of Phthisis. BY ANDREW CLARK, F.R.C.P., of London, England, Senior Physician to the London Hospital. Delivered in the Hall of the Natural History Society, Montreal, December 5th, 1878.

(Specially reported for the CANADA MEDICAL RECORD.)

On motion of Dr. R. P. Howard, Dr. G. W. Campbell took the chair. The latter said: I have very great pleasure in introducing Dr. Clark, Senior Physician of the London Hospital, who has been kind enough to say that he would give us a lecture on Phthisis. With these few remarks I shall call upon Dr. Clark.

Dr. Clark said:—"Dr. Campbell and gentlemen,—When I desired to have the privilege of laying these drawings before you, and of setting forth in short and simple outline the views which I have formed concerning the varieties of phthisis, I did not presume to think that, in a place so distinguished for its additions to science as this is, and in the presence of persons many of whom have contributed, and are contributing, to distinction, that I could say any thing particularly new; still I desired to lay these drawings before you, and to set forth the views which I have formed, after somewhat long study, on the subject of phthisis. I desired this that I might have the benefit of your friendly criticism of the subject, and that I might learn from it how far your experience corrected or affirmed those conclusions. It is not my intention, and it would be out of place, to enter into any critical or historical sketch of the various theories which have been promulgated regarding this disease. I shall proceed at once to the heart

of the subject, and endeavour, in the fewest words and in the plainest manner, to lay before you the conclusions at which I have arrived. By phthisis I mean 'the ulcerative or suppurative destruction of more or less circumscribed chronic deposits in the lungs.' I say, by phthisis I mean 'the ulcerative or suppurative destruction of more or less circumscribed chronic non-malignant deposits in the lungs.' I do not pretend that this definition is perfect, but I claim for it that it is an easy, good working definition, and it has this enormous advantage—an advantage which I should be glad to see many other terms in medicine possess—that it involves no hypothesis, and, whatever our views of Phthisis may be, we may retain the name whilst our ideas may change. You will observe in this definition I have set entirely on one side the disease with which we are all familiar as acute tuberculosis. The chief thing I have to say about that disease before dismissing it is, that I think it has no special relation to phthisis at all. In its methods of approach, in the phenomena which attend its progress, in the pathological anatomy which we find after death, in the state of the organs during life it exhibits almost all the characteristics of what we call zymotic disease; and I look upon acute tuberculosis really as a sort of fever which has for one of its anatomical expressions the little thing we call tubercle. I appeal to the experienced, and any one present who has had the opportunity (not very often acquired) of examining a number of cases of acute tuberculosis; I am sure he will endorse what I say, that acute tuberculosis rarely issues in what we call phthisis, or in any disease which would come within the terms of the definition I have made. The acute primitive phthisis beginning often either in

children or adults in apparently perfect health, producing fever with a sort of capillary bronchitis, and marked with an irregular fever, and usually terminating (in from three to six weeks) in death, and when the body is examined after death it is difficult to find any suppurative or ulcerative destruction thereof. With these remarks I dismiss the subject of acute phthisis altogether. The next point I might add here, as it has a little bearing, that, having been occupied at the same time as Villemin in performing experiments by inoculation, and having also tried other methods of producing tuberculosis, I have come to the conclusion, and long since stated it, that the disease produced by inoculation is not a true phthisis. I mention this now because it has a bearing on what may be afterwards said. In all my experiments on animals I have found that, with care, the so-called tubercle produced, invariably disappeared, and with it the malady, whatever it was, which was unattended except at the beginning with any fever; and if I say that inoculating an animal with any cheesy matter or indeed, by any matter, is followed by an eruption of deposits throughout the body, which deposits do not appear to affect the animal, and within five or six weeks disappear and leave the animal as well as before, I think you will agree with me that this cannot be called an acute tuberculosis in the same sense as the other malady, which is rapid in its progress and fatal in its issues. When we come, therefore, to what we call a true phthisis, and examine the lungs of the bodies of patients who have died of phthisis, I think we may without undue refinement classify those lungs under three groups. In the 1st group we shall find that the dominant destructive element is tubercle and its secondary consequences. We shall find in the 2nd group that the dominative anatomical element is Pneumonia, and its secondary consequences; but in the third group, that the dominative anatomical element is fibroid tissue. These are the three groups into which the lungs of phthisical patients may be divided. The first is one in which the tubercular element predominates. The second is some form of pneumonia, and, in the third, the fibroid tissue is the dominative. Now I have purposely used the word dominative. I have done so to protect myself from any adverse criticism which has no just foundation. The lung is a complete organ and several anatomical elements enter into its composition, and when these are irritated by any foreign body each comports itself after the manner of its kind, so you may have,

so to speak, different anatomical results. If the tubercle is implanted in the lung, and the part is susceptible of being irritated, we know that two secondary consequences prevail: one has the form of pneumonia, more or less extensive and the other is some form of fibroid change, and just as the one or other of these secondary results, in the future progress of the case—rapid and febrile in the pneumonic, slow and free from fever if the fibroid—so true is this that it has almost given rise to an axiom that in chronic tuberculosis *per se* it never kills. It is the tubercle, *plus* the secondary effects of the tubercle that is fatal. So, then, I have said that in each of these groups I have advisedly used the word dominative. In the case of three groups I think it right they should receive a distinctive name, and it is important in an art like medicine that new names should not be used if new names can be avoided, and with one exception I have endeavored to frame simple terms. For the first group in which the little body we all understand by tubercle is found I give the name of tubercular phthisis; in the second, pneumonic phthisis; for the third the fibroid element dominates, I give the term fibroid phthisis. At this stage contention begins. It would be averred, certainly in France and by a very considerable number of distinguished men in England, that this group of mine is an artificial and untrue one. They would aver: here is your tubercular phthisis, because tubercular is the dominative agent. We have examined and find out certain histological structural elements in relation to each other. They would say, go to phthisical cases, and if pure phthisis, and you will see the same constituents in each. They have carried this point still further, for, on looking at one of the representations of these drawings, they would say, this it is true gives no indication of tuberculosis, and the effect is this, that as fast as the tubercles were formed it was converted into fibroid tissue. Fibroid tissue, according to this argument, being the simple homologue of tubercle.

Time will not permit, and for my purpose it is altogether unnecessary, to enter into a physiological argument. I do what is much better, I deny the justness of the argument altogether, because I have a much better one. I say that the true criterion of the difference of nature in pathological products is much less likely to be found in the anatomical structure of a thing than in the life history of a thing. Now I contend that if I pass from the dead house into the wards, and ask myself, is there anything in the life history of phthisis which would justify the distinc-

tion that I have made pathologically? in short, is there a distinctive life history for the so-called tubercular phthisis, pneumonic phthisis and fibroid phthisis, and if there is, can it be so set forth that he who runs may read? Is it a pathological curiosity or is it easily recognizable? Now I venture to think within certain limits that it is so. There are, however, to be met with at the very starting certain difficulties. The first of these difficulties arises from this fact, which every practical man will recognise at once, that the symptoms due to diseased lungs are much more distinctly referable to impairment to the function of the lung than to the anatomical agent which is destroying or impairing the function. Recognition is sometimes difficult, but in the early stages with great care it can be done. Then there is a second difficulty which we meet with, and which is partly pathological, and that is with regard to terminology. There is no difficulty in understanding what is meant by a tubercular phthisis. We agree in this case; a suppurative destruction of the lung, where the anatomical element is tubercle, we will agree to call it tubercular phthisis, and if we wish to define a little further we call it a pneumonic phthisis or fibroid phthisis. When we come to pneumonic phthisis we at once meet with a considerable amount of complexity, not only the nature of the thing itself, but of the nature of the terminology which has been adopted. I do not pretend to make this quite plain, or to that maintenance or accuracy of knowledge on this subject which would enable me to speak on the subject with the same confidence as the other subjects.

There are three forms of pneumonia which we will readily recognize; there is the common inflammation which attacks the base of the lung and with a little pain or uneasiness at the side, and is followed by crepitation and tubular breathing, which usually terminates by resolution on the 5th, or 6th, or 7th day. That is the first and the most common form of pneumonia. Then there is a second form altogether different to this, which affects the upper part of the lung, which, instead of beginning abruptly, by fever—sometimes begins insidiously and continues to march downward. The characteristic of this disease is a kind of cheesy stuff like that found in the ripe scrofulous gland, that of common pneumonia being a granite red. The anatomical element of the cheesy pneumonia being a sort of link between these two, connecting them together. There is a third form of pneumonia that is called the catarrhal or lobular pneumonia. This sort of

pneumonia is common in children, resulting from capillary bronchitis and surrounding the smaller bronchii. There are these three forms of pneumonia, and every one of them, although with different degrees of liability, is capable of developing phthisis; that is to say, every one of these forms of pneumonia is capable of giving rise to exudations, and which, when not absorbed and undergoing suppurative destruction, comes immediately within the pale of phthisis. The common pneumonia may do this, although rarely. The cheesy and pneumonic does it commonly. The catarrhal with an intermediate degree of frequency. We have thus much complexity in enquiring into the definitions of these groups of phthisis. I will not venture to intrude too closely on this ground at present, because it would occupy too much time, and blur the outlines of a picture I wish to keep clear. I will confine my illustrations to cases arising out of croupous and cheesy pneumonic phthisis. Are we justified in distinguishing these three groups of phthisis? First of all there is a tubercular phthisis—the phthisis produced by the destructive agency of tubercles, and the consequence of tubercles in the lungs. My belief in chronic phthisis is that mere tubercle never kill. If one could keep them quiet from producing a secondary change they could keep the patient alive, and also from fever complications, I see no reason why they cannot live as well as anybody else. With regard to the 1st group the most distinguishing point is that, whilst the tubercular matters are at the beginning few and slight, the constitutional symptoms are many and profound.

Take a typical case in a girl. Here is a girl perhaps with the history of phthisis in the female portion of the family. She is about eighteen, has large eyes, blushes easily, and for some time has been getting out of health. The Doctor is called in, and, no matter how minute the examination is, he simply finds the temperature a little elevated, the breathing quick, and that is all. He has before him a case where the constitution is gravely distressed and in which there is nothing local to cause it. The experienced physician immediately suspects tubercular phthisis. The patient gets thinner, and a cough begins, bye-and-bye a little dulness is found, and the chest gets flattened; then the usual symptom of phthisis set in, and, although there is improvement from time to time, the main progress is nearly always downward, and, in from two to three or four years, the case terminates, as a rule, with death.

It is marked, as I have said, in the early stages by

the slightness of the physical signs, and the profoundness of the constitutional symptoms. It is also, I think, marked by the want of response to all methods in treatment. Now the second class of cases: I shall take the two forms of pneumonia. The best way is to tell the history of a case. Here is a drawing of a lung which I will hand around immediately: a case very well known at the London Hospital, that of Peter McIntosh. He came in and told us he, a few days before, had had a shivering and then a pain in his side. We examined him and found the usual signs of pneumonia, but also with these peculiar symptoms; around the lung there was a dullness, but, instead of tubular, there was feeble breathing, and above all the dullness was still increasing. You will observe at once that many of these symptoms were symptoms of pleurisy, but, as there was no displacement of organ, no friction, no variation in dullness with change in position and as there was no protrusion of the *intercostal* spaces, as the temperature was very high, there was no doubt about the case, it was a bad case of pneumonia. I said to my class at the time that this exudation will not be absorbed because it is my experience that, with all such cases where there is so much stuff in the lung that it cannot vibrate, there is in all such cases extreme difficulty in the absorption of the deposit. The pneumonia came to an end about the usual time, and the man expressed himself very much better; but after a few days there was no removal of the exudation, and he remained for months under my care without the smallest change in the solidity of the lungs. At the end of eight or nine months he wanted to go out, and he was dismissed. In a week he came back again, had caught cold, and soon after his admission for the second time the lung began to break. He continued with symptoms of phthisis for two years altogether, under my care at the London Hospital. Here a peculiar complication occurred, in which I made a mistake. I am very fond of firing off big guns at my students. I said his pneumonia is unabsorbed, and within a month you will get tubercles in the other lung. In McIntosh's case evidence of what I believed to be tubercle occurred in the opposite lung. He died in twenty-two months, and on making the *post-mortem examination* I found a very beautiful example of lobular pneumonia and no tubercles. This is a rather quick example of what may be called pneumonic phthisis, arising from a common inflammation. This was the first time I had not found tubercles produced by the suppuration of the un-

absorbed deposit. Such cases of pneumonic phthisis are to be recognized by the history of the case, by the fact that some sort of tubercular attack has occurred, also by the fact, that at the time of the examination of the patient, more or less suspicion of there being no absorption of the deposit, by more or less large solidification at the base of the lung, and instead of disappearing, the exudation breaks up, and induces all the usual symptoms of phthisis.

The second class of cases of pneumonic phthisis is not so easily recognized. It has usually no such history as this. On the one hand there is no history of insidiously rapid failing health as in tubercular phthisis. On the other hand, there is no history of acute attack, which may be considered as pleurisy. There is a history of cough creeping on with a little fever, which has gone on increasing without any material impairment to general health; and, when one comes to see a case of this kind, you will usually see a fair person, light eyes and perhaps a florid cheek. If you examine this patient you will find it very different from tubercular phthisis, as, whilst the constitutional symptoms are exceedingly few, the physical signs are many. You will find the middle part of the lung very solid. You will notice if you get a case of this kind that, instead of the exudation being absorbed or undergoing fibroid change, the lung breaks up, the cheesy matter breaks into small cavities, and then it either progresses like an ordinary case of phthisis, with this difference, that the patient seldom at the last gets emaciated or feverish, but at the end it terminates like an ordinary case of phthisis. There are several drawings on the table of these cases of pneumonic phthisis, some of them breaking up into cavities, and some partly becoming fibroid. I have spoken of *caseous* pneumonic phthisis as being very often, as it is, chronic, but it is not so rapid in its course as ordinary pneumonia, but still with all the signs of inflammatory disease. They are to be recognised, I think, immediately by the circumstance that the disease occurs in the upper lobe progresses rapidly from above downwards, and is accompanied by moderate fever, and either terminates at the end of about a fortnight, much longer than in a common case, or within a few weeks breaks up into cavities. This is the form of phthisis which used to be called galloping consumption, phthisis *florida*.

I pause for a moment to recur to the anatomical question. It was said by anatomists that there is no distinction in point of fact between the histological structure of a tubercle and that of caseous-

deposition. I ask you to mark what a wide distinction there is between these two things. In a case of tubercular phthisis you have the constitutional phthisis preceding or accompanying tubercle, but in a case of caseous phthisis you have a very large amount of local disease with a small amount of constitutional disturbance. You will see, therefore, into what a dilemma they are cast. Tubercle is a very little and curious thing. The least amount of anatomical element, the more profound will be the symptoms, and the more the amount of physical change in the lung the less the constitutional effect. I might use the same argument, viz., that I doubt very much that grey tubercles are really absorbed; I do not doubt that they may be converted into fibroid tissue, or transformed into calcareous stuff, but I have not once, but many times seen a very considerable caseous deposit occur in the summit of the lung, and often disappear, and some of the most ardent have said that tubercle assumes the form of tubercular infiltration and, under certain circumstances, disappears. He is forced to admit, also, that such an experience is extremely uncommon.

I pass on to the chronic course of fibroid phthisis. It is marked in the first place, as a rule, by an inflammatory origin, but not always. I have in the London Hospital now three cases on which I was occupied before I came across the Atlantic, and this will illustrate one of the modes of the origin of this disease. The first man had these symptoms: He is about thirty-six years of age, his right side is extremely contracted. The heart beats under the second rib. He is pretty well in his general health, has no fever, but he suffers from a slight cough, often a paroxysmal cough, which ends occasionally in vomiting, or the attempt of it, and by that act he ejects foetid matter from the bronchial tubes. This is a case of what I should call fibroid phthisis. On examination there are signs of two small cavities near the summit of the lung, not dilated bronchial tubes, and, as they are cavities, it is certain from the circumstances that they are formed in the areolæ of elastic tissue. Now one of the other cases has this history: He is a man about fifty-two years of age; he has been eight months under observation. He came into the wards of the Hospital with a common pleurisy. He had a little effusion at the base of the lung. I said we will put him to bed and keep him quiet, and the chances are that, the effusion being small, he will probably shortly be well. I always speak with some caution, for I examined him, and found that

the effusion had gone, and there was a to-and-fro friction. I thought not much about it, but this to-and-fro friction was going up the lung, and we continued to watch him, and the to-and-fro friction went up the lung, and, notwithstanding iodide of potassium and mustard plasters, it would not be influenced by these remedies. It went on for months, and, simultaneously in the later stages of its history, the right lung contracted, ribs fell in, the neck got a little swelled, the heart was drawn to the right side, and by and by he began to have slight spinal curvature, and in this state I left him. This form of fibroid phthisis can be recognized by a variety of characteristics: by its mode of origin; by contraction of the lung; by the paroxysmal character of the cough; by the absence of fever; by the slow progress which the disease makes, and by the displacement of the heart to the right side.

The drawing which I now show you is an interesting illustration of a lung which was converted into a fibroid mass, was surrounded by an enormously thickened pleura, and had upon its summit about an inch of fat, an appearance which I never saw before or since, although I have examined over four thousand bodies. The subject in whom I found this condition of the lung was my first patient at the London Hospital, some twenty-three years ago. He was by trade a bricklayer, and when he came to me he weighed fully fifteen stone and complained of a cough and a spitting of blood. At this time, being young in the profession, I did not know much of lung diseases. I, however, examined him with the greatest possible care, but found nothing to account for his symptoms. From the history of the case, I thought that perhaps he might be suffering from some internal growth, such as an aneurism. I found, however, that he had been treated a few weeks previously on the surgical side of the Hospital for a fractured rib, and thinking that it might have affected his lung, I directed him to have his side bound up. I took much interest in this man, but he did not improve, and months elapsed before I was able to discover anything wrong. The first thing that I noticed was a little crepitation, and the next a little contraction of the right side. By and by he began to have violent paroxysms of cough, which often ended in retching and the discharge of foetid mucus from the lung. I watched him for years, and step by step the right side continued to contract and curious changes made their appearance. The right side of the neck became smaller, and great veins traversed the thorax, the right arm and fingers were swollen,

and the latter bluish and he began to waste. In this state he complained of pain in his right side, and still the paroxysmal cough and inability to sleep. Everybody said he had a tumor—some people said that it was a cancerous tumor. I began at last to have my own faith shaken, and think that perhaps it was a tumor, for I could not recognize the symptoms with any disease with which I was familiar. However, the case went on and I became satisfied that I had to do with a lung which was undergoing fibroid change. He eventually left the Hospital, but I still kept him under observation from year to year. He was a great sufferer, and imbibed too freely of alcohol. His skin became dry and he showed signs of albuminuria, which disease is a clinical fact, in connection with fibroid phthisis, and at last, taking cold, he died. Before his death he said to his wife that perhaps the doctor would like to see his inside, and for all my care, attention and watchfulness of him he willed his body to me. I am sure all who will look at the drawing will say that they never saw anything like it. There was not any tubercle to be found anywhere, no evidence of disease anywhere in the left lung, which was perfectly healthy. Every organ in the body was sufficiently healthy as not to require notice, except perhaps the kidneys which were slightly congested and harder than usual. The right lung did not contain anything which, by any possibility, could be called tubercle. It had undergone a fibroid change, causing its contraction, and ultimately gave rise to the symptoms which caused death. Circumstances prevented my making a microscopic examination.

I have already encroached so long upon your time (No, no) that I will not venture to detain you but a very few minutes. With your permission I will, however, just mention one other case. I now present to you the drawing of the lung of a young man eighteen years of age, who was brought to me by Dr. Pollock of Charing Cross Hospital, who said he thought he had got one of my cases. This patient sprang from a bronchitic family, and had had repeated attacks both of bronchitis and pleurisy. When brought to me the whole of his malady was evidently on his right side. His chest was contracted, there was extreme dulness, feeble breathing, and a hard paroxysmal cough. His heart instead of beating between the fifth and sixth rib, beat between the third right rib. I believed it to be a case of fibroid phthisis. I exhibited the case before the Clinical Society of London and, unfortunately, it was set upon by three gentlemen of my own hospital who could not see

anything remarkable in it, and said it was an ordinary case of tubercular phthisis with contraction. *They were, unfortunately, too near to see things well enough.* However, I said nothing, and the case went on, and not long ago the man took it into his head to die, and after much difficulty, Dr. Pollock and myself succeeded in getting a *post mortem*. We did not find any disease except in the right lung. This lung was reduced to about one-fourth of its natural bulk. It was a perfectly solid mass; through it ran several dilated bronchial tubes, and in its summit there were several ulcerated cavities, but there was not anything found, which, under any possible circumstance, could be construed into tubercles.

I have now in my wards, in the London Hospital, three cases, in different degrees of development, which illustrate one of the modes in which fibroid phthisis arises. The first is the case of a man called Tenny. He is a thin, pale, and delicate man. He is liable to cough with expectoration; but he says he is pretty well, except that he is very delicate. The remarkable feature about the man is, that he has scarcely any lung to breathe by. His chest seems contracted, and he presents an appearance such as is seen in advanced phthisis; but it is not a case of phthisis at all. The more careful examination you make the more sure you are that you are dealing with a man who has semi-solid, contracted lungs, with but little space left for breathing, and, perhaps, slightly dilated bronchial tubes which hold a small amount of secretion. But there is no evidence of destruction of lung-tissue, and he has had a kind of interstitial pneumonia for many years. I have watched him from the beginning of the symptoms, which are like those in the other cases described.

The second case is that of a man called Douglas. He is in the position of having a contracted left lung, with crepitation all over it; bronchial breathing and bronchophony; but otherwise he is in tolerable good health. He, too, has the history of the third case.

The third case is that of a man who has been under observation for some time, but whose name I forget. But he has an irreducible fibrinous pleurisy. He declares that he is perfectly well, and it is only by the greatest strategy and ingenuity that we are able to keep him in our wards. It astonishes him that we should be so anxious to have him remain with us. But we are very desirous that he should do so, in order that he may be utilized for purposes

of our common instruction. But the moment the hand is placed on the chest you feel a friction motion, and, over almost the entire chest, you can hear the to-and-fro friction sound. This is an example of the beginning of these cases, and tenny's difficulty began in this way. They come into the hospital with some pain in the side, with little or no effusion in pleural cavity; probably an effusion has been present at some time, and they get apparently well; but the to-and-fro friction sound remains in some cases. In none of these case have I been able to render any therapeutical service whatever. In the last case it will be my endeavor to keep the patient in the hospital, so that I can trace the clinical history through its entire course.

I hope that it will be obvious from what I have said that anatomically there are three groups or classes met with in the lungs of persons dying from phthisis. I hope also that I have said quite sufficient to prove to you that it is quite possible to recognize these groups during life, and that they are not merely pathological curiosities. If this be the case I contend that, as these groups are distinct in their origin, different in their progress, responding differently to treatment, they ought to have distinctive names. There is but one other point I would like to mention, and that is that I have on the table drawings of two cases—patients who suffered from all the symptoms of phthisis, and died. In one case the destructive element was found to be syphilitic deposits—in the other hæmorrhagic extravasations. Lastly, I have had the opportunity of seeing hæmorrhage occurring from lungs quite free from tubercular deposit. Gentlemen, I thank you for the patience with which you have listened to my somewhat lengthy lecture, and although I cannot hope to have solved all the many difficulties which surround this complex subject, yet I trust that I have succeeded in removing some obscurity from your minds, and in opening up for your investigation fresh avenues of enquiry. If I have been able to do so, gentlemen, my time has not been occupied in vain. (Applause.)

Dr. R. PALMER HOWARD asked: 1st, Have you noticed whether tubercular phthisis and caseous pneumonic phthisis occur in children of the same family? Are you of the opinion that they may be alternative complaints in the same family? Are they equally transmissible by inheritance?

2nd. Have you ever met a case of primary fibroid phthisis not of inflammatory or tubercular origin? Are there means by which, in a case of pleurisy or

pneumonia, one might early suspect that this ulterior change of fibroid transformation might be set up; if so, how shall we recognize, at an early stage, the future life history of the original disease?

3rd. Can you distinguish those cases of chronic tubercular phthisis or caseous pneumonic phthisis, which undergo fibroid transformation from those cases of fibroid phthisis which begin in the *pleura* or as a consequence of pneumonia? Or, in other words, can you distinguish the fibroid transformation which occasionally occurs in the common forms of phthisis from the fibroid transformation which follows pleurisy, on the one hand, or pneumonia on the other?

Dr. CLARK:—To the first question I say that I do recognize as a fact that tubercular forms of phthisis and caseous forms of phthisis alternate in same family, and, furthermore, that people with caseous phthisis may beget children subject to tubercular phthisis? I recognize it fully. It is quite true, but I do not know if it would be fair to assume it as an argument against the position. I readily admit that, in children of one family, I have seen caseous pneumonia in one child and evidence of tubercular in another. I admit further, that the offspring of persons with caseous phthisis, may be tubercular. Even if I were not able satisfactorily to answer that argument, I should still say that the greater proofs of distinction ought to overrule what that fact suggests. The great facts of distinction are that tubercular history is almost unqualifiedly bad; the caseous history is relatively good, and the progress appears to be quite distinct from that of the other. While the tubercular mischief is scarcely amenable to treatment, the caseous is amenable to treatment. I apprehend that in these cases, the real explanation lies in the fact that, in these instances, during the life of a family, what is possessed by each of them is a vulnerability of lung, and that circumstances, distinctive in each case, determine in one tubercular, in another caseous phthisis. The two diseases from their very origin seem to be so distinct that I am disposed to give them a distinct name. I cannot contend that I have fully solved the difficulties of the subject. I think there is sufficient ground, even on the anatomical side, certainly enough on the clinical side for recognizing them as distinct.

The second question is: Have I ever met with cases of primitive fibroid phthisis? I am not quite sure. In all the cases of which I have been able to keep accurate records, I am bound to say there is

always some history or another of dry fibrinous pleurisy, frequent attacks of bronchitis, syphilis, &c. Such a thing may occur, but, speaking entirely from my own observation, I am not sure that I have ever seen a single primitive case of fibroid phthisis.

The third question is, whether there are any means in a given case of pneumonia or pleurisy of determining whether fibroid change is likely to occur. I think there is. If I had a case of pneumonia, and if this case went on past the usual period, and there were no signs of amelioration I should say one of two things will surely occur: Either this exudation will break down and we shall have evidence of it in the physical and constitutional symptoms, or it will wither and become converted into a sort of fibroid mass, and the evidences of that, constitutionally, will be inactive; the patient will get greatly better and declare there is nothing the matter. Locally, the evidences will be dulness, feeble breathing, slight and increasing contraction. If I had a case of simple dry pleurisy, and, notwithstanding all I could do it went on, I would say that, if it receives the remedy of rest and restricted movement, the chances are that it will go on and produce a fibroid change in the lung—how far I do not know, especially if he drinks alcohol.

I guarded myself against the possibility of misinterpretation by stating that, when these cases were advanced, it was exceedingly difficult to discriminate, because the symptoms offered were much more referable to mere destruction of the organs than to the destroying agent. If you find the disease begins in the lower part of the lung and progresses slowly upward and has been marked by fever and prostration and loss of flesh and strength and color, if you find the summits of the lung free, you may safely say you are dealing with an ordinary case of fibroid phthisis. If, on the other hand, you find none of these things, if you find the summit of the lung affected, I know of no means except the history of the case to distinguish between the two. The history of the case, if it were one of sudden origin, of a presumable inflammatory character, would lead to the conclusion that it was fibroid; the insidious origin of the disease would suggest tubercular. Further, if fibroid phthisis is not always confined to one lung, it is in the majority of cases. I have seen even in cases of tubercular phthisis, the appearance of a secondary fibroid change. So much is this the case that some people dealing with tubercular phthisis recommend their patients to become drunkards with a view of prolonging their lives.

Dr. OSLER said that it would add to the obliga-

tions which the meeting was already under to Dr. Clark if he would give a sketch of a few of the principles of the treatment of phthisis.

Dr. CLARK said: I am afraid if I do so that I shall lose what little character I may possibly have gained. I pretend to no special knowledge of the treatment of phthisis. Whenever I encounter any chronic disease, I deal with it on principle. Every organism has a righting, a repairing, and a resisting power, and it exercises these powers in proportion as we give them fair play. I proceed always in a chronic case to determine what will be fair play for the organism suffering. Hence, diet, air, attention to the general functions, form always the first points of treatment in such a case. While the profession are ready enough to give a liberal supply of medicines, we too often overlook those minor details of daily life which, in the end, make and unmake life. Of tubercular phthisis, I have very little to say. The principal thing to do is to look after the general health. The tendency to resistance being lowered permits the advance of the disease with which the patient is threatened. If I can keep him free from colds and consequently from pneumonias, I am practically doing as much for my patient as I can. There are no principles in medicine; it is in fact one of the most unprincipled of arts. Every organism is somehow or other different from every other, and it contains within itself the laws for its own management. The wise man, he who has the gift as well as the knowledge of healing, is he who with an instinct is ready to discover the laws of the organism with which he is dealing, and governs himself accordingly. It would be foolish to say in detail how I should deal with a case of tubercular phthisis. Regulated diet, moderate use of alcohol, air, exercise, avoiding colds are the principal means to be used. I have tried this medicine and the other, hypophosphites, arsenic, iron, cod liver oil, &c., but I cannot say, looking at the whole with an honest, critical eye, I can lay my finger on any remedy which has any specific influence. As regards caseous pneumonic phthisis, I believe in the efficacy of treatment. In an acute case, I have great faith in treatment. I put my patient to bed and keep him there until his temperature falls below 100° no matter how long, that may be. In cases where the secretions are scanty, the tongue dry, temperature high, pulse quick, I satisfy myself with a free use of salines and with counter irritation. If I find the patient remaining feverish, I give up my citrate of potash, and put a drachm of antimonial wine into

a tumblerfull of water, and make him sup that during twenty-four hours. The skin breaks out into perspiration, tongue becomes moist, expectoration usually begins; then I immediately stop and treat my patient with effervescing alkaline salines with quinine and citric acid. I next feed him with milk and beef tea. We often forget, practically, that liquid food goes quickly to the lung. In cases where exudation is going on in the lung, we minister to it by filling our patients with fluid food at short intervals. In rapidly extending pneumonia, I have seen exudation hurried to a fatal end by the administration of fluids every half hour. Food should be given in a more solid form, and not oftener than every four hours. This is one of the forms in which I believe alcohol to be extremely useful. In cell proliferation, alcohol is useful, and I would extend it to scrofulous diseases generally.

Dr. RODDICK said the question of climate in connection with the subject of phthisis was one of great interest to the profession in this country, and begged that Dr. Clark would state his views on this very important subject.

Dr. CLARK thought that, notwithstanding the advice given very often, consumptives generally went to those health resorts which were most fashionable. He, unfortunately, had not yet been able to lay down for his own guidance any definite rules on this point. Before deciding where his patient should go for change of air, he first found out whether the most comfort was experienced in the valley or on high land, and would be guided accordingly. Hence what suited one person would be death to another. He deprecated the sending of patients away from home comforts when the disease was far advanced. Madeira and the South of France were the favorite and fashionable health resorts of English consumptives, but he knew of some remarkable instances where the murky atmosphere of London gave the greatest comfort to phthisical patients. He thought highly of our Colorado Canons and Florida, and regretted that they were not more easy of access to European phthisics. He had been informed when in Ottawa that lung troubles were almost unknown among the lumbering classes of that district, but, whether the mode of living or the atmospheric conditions were responsible for such a happy condition of things, he would not pretend to say. In fine, the important matter of climate in phthisis could, in the present state of our knowledge, be decided only by the condition of individual cases.

A cordial vote of thanks to Dr. Clark for his

admirable and instructive lecture was carried amid acclamation.

Case of Extra Uterine Pregnancy, Death. By RICHARD A. KENNEDY, M.D., C.M., Professor of Midwifery, Bishop's University. George Ross, B.A., M.D., Professor of Clinical Medicine McGill University, and William Osler, M.D., Professor of Physiology, McGill University.

(Read before the Medico-Chirurgical Society of Montreal, December 13th, 1878.

Mrs. A.—I first saw her in the beginning of February last, suffering from what I was led to believe, a threatened abortion. She considered herself to be pregnant with her second child. There was a bloody discharge per vaginam, great pain in the pelvis, vomiting and high fever, with great tenderness of the abdomen, which I diagnosed to be a *localised peritonitis*. She was six days under my treatment, and then went to the Hotel Dieu, under Dr. Hingston. She came out of the Hotel Dieu after a short term.

On the 24th February, I again saw her, but do not remember the circumstances of my attendance, though she stated I gave her something which relieved her. I did not see her again until the 24th July, when she called at my office to pay something on her account. At that time she called my attention to her condition. The abdominal enlargement being that of a woman at about the 6th month of pregnancy; she complained of the foetal movements, and at her request I placed my hand on her abdomen and am positive that I distinctly felt them. Of course not expecting but what it was an ordinary case of pregnancy, and that as usual it was all right, I did not examine her as closely as I now wish I had done. Her calculation was that confinement would take place about the middle of October, for which she wished to engage me. Early in August she called and stated that she feared the child was dead; she had hurt herself getting out of bed and had felt no movement since. The abdomen I found was larger than at the previous time when my attention was called to it. There was no foetal movement nor could I detect foetal pulsation; as there was no indication of uterine action, I counselled her to keep quiet and wait. At a subsequent examination I thought I could detect the *placental souffle* which was faint, and I thought that probably some circulation was continued in the foetus, which might account for there being no attempt at labour. From the end of

August she began to run down in health, got remarkably thin and debilitated, and had the appearance of a person suffering from the *absorption of septic matter*, chills and feverishness. I had considered the advisability of inducing labour; this she was averse to, and so were her friends, so that I placed her on iron and quinine, with a good diet.

About the beginning of *September* she complained of great pain in the right *inguinal region*. It was extremely tender to the touch, and there was an enlarged and distinct bulging; my opinion at the time was that the foetus was dead and had *changed its position*, the body getting into a transverse direction with the head in the right side; this was apparently confirmed by the altered shape of the uterine tumour. At this time I did not consider it advisable, even if allowed, to induce labour, and by making her lie on this side with a pillow under the swelling (which could be pushed downwards), it disappeared, leading me to believe that the body had again assumed its usual position. I wanted again to induce labour, but she preferred to wait, as she thought the child might be alive and labour would come on in due time.

She suffered severely from pain and diarrhoea with *fetid dejections*, and had a *bad cough*; morphine was given for the relief of pain, also a cough mixture, and the quinine continued. By the *end of September* she commenced to improve, got stronger, but she was also getting smaller, and on percussion there was evidence of gas or air in the tumour where it was before quite dull as in pregnancy.

At her own request I did not interfere as she considered her time to be up in the middle of October. The opinion that I now formed was that the child being dead had decomposed with the formation of gases and absorption of putrefactive matter which had been going on for some time. During the second week of October she sent for me, believing herself to be in labour. She was suffering from pain just as in the commencement of labour. A vaginal examination showed that there was a rounded tumour pushing downwards, the os uteri in the usual position but not at all dilated or dilatable, and the cervix entirely absorbed or obliterated. I then did not doubt but what the enlargement was in the uterus, and that the condition was such as I have stated. Finding in a few days that there was no advance in labour, no attempt at dilatation of the os, I began to suspect that I might be wrong in my opinion. I asked Dr. Finnie to see her. We tried to introduce the uterine sound, but could not, so it was decided that the os had better be dilated and an exploration made. I

could not enter the sound more than half an inch, but on trying to put in a laminaria tent, this latter took a course to the right side and went in easily to full extent. This was in the evening, next morning I put in a sponge tent to further dilate it. This went in the same way, and when dilated examined with my finger (under chloroform), but only could insert it about an inch and a half; thinking I could feel the membranes, it was a question whether an opening should be made in them or not. This I hesitated to do, as, if there was escape of contents, no uterine contraction might take place, so it was considered best to give ergot to induce them, and on their action to puncture the sac. This failed, however; its only effect was to again close the os more firmly. I again dilated with tents, being determined to explore more thoroughly and to puncture at the same time. On examination this time got my finger into the whole cavity of the uterus, which was directed to the right and shortened, and now found that there was nothing in it, the tumour apparently lying upon it and closely applied as percussion on the abdomen could be plainly felt. Of course no attempt was made at puncturing through the uterus.

This condition was verified by Dr. Finnie, and we considered as she was now better than in September, and the tumour was getting smaller, to leave it alone and continue the supporting treatment.

The opinion I have now formed from these examinations, the past history, &c., is this:—That the impregnated ovum had been arrested in its downward descent to the uterus, in the tube close to the uterus on the left side. There grown, its distension gave rise to the condition for which I was first called, probably rupture, that a new sac had grown around it, and in the entire growth had compressed the uterus and caused it to atrophy, and thus, as it occupied the median line, assumed the outline and position of the uterus. That there was a child I had no doubt, for I felt the foetal movements. From a growth in such a cavity slight causes would induce its death, and not being in the uterine cavity no effort at labour would follow. The subsequent septic condition, the evidence of gas in the tumour, are what would follow if the child was dead, and possibly ulceration may have occurred into the intestinal canal, which would account for the foetid condition of the discharge and the lessening size of the tumour which has been going on. I did not suspect it to be ovarian, until I made the examination in October, as it was not first observed at the side, but in the median line, besides, would it be possible for an

ovarian disease to cause those changes to occur in the cervix which did occur and caused it to be as at present entirely obliterated, and, at the same time, cause a total suppression of the menses for so many months.

The following are the notes of the case after the admission of the patient to the Montreal General Hospital, under Dr. Ross:—

She was admitted on Nov. 8, 1878.

Patient is thin, pale, emaciated, with sunken eyes. She complains of great pain across the lower part of the abdomen, and frequent vomiting. The abdomen is smooth, prominent, and somewhat tense. The lower zone projects considerably more than the rest, but no definite tumour as from a gravid uterus can be seen. By pulsation the upper margin of this swelling is felt to be just above the level of the umbilicus. The whole region occupied by it is quite tender upon pressure, and throughout gives a hollow tympanitic note upon percussion. On the right side low down (iliac region) there can be felt a distinct fulness and hardness, and it is here that the tenderness is most marked and the greatest pain is felt. She is feverish (101° F.), quick small pulse, very fretful and irritable. Says she is very restless at night and perspires a great deal. She was put upon a mixture of iron and quinine, and was ordered beef tea diet with port wine, and given doses of morphia at night to relieve pain.

Two days after admission she had a violent rigor, followed by high fever and profuse sweating, for which she got a hypodermic injection of morphia. Had two stools the last twenty-four hours—they were grayish-colored and very fetid, but contained no trace of foetal debris.

On the 12th, pain, sweating, and weakness as before. No vomiting. No chills. This forenoon had two stools of similar characters to those last described, but containing in addition some small macerated foetid bones without cartilages; these were three ribs, and a long bone, probably a tibia: also a number of pieces of tough shreddy greyish tissue, which are no doubt portions of decayed integuments. The next day she voided a well-formed temporal bone. Complains of sharp cutting pain when her bowels are being moved. A digital examination of the rectum was made; it appeared natural throughout; there was an impression conveyed to the finger, just at the top of its utmost reach, as though this point were the lower border of a rounded opening, but no aperture could be felt. Two days subsequently, the general symptoms in

the meantime remaining unaltered, the patient complained of very severe cutting pain in the rectum, so much so that it was feared a sharp portion of the foetal skeleton might be impacted there. A second rectal exploration, however, proved that it was empty.

Nov. 16th.—A severe chill last night and another this morning, followed by a temperature of 105° F., great anxiety and oppression, and then profuse perspiration. Quinine, iron, beef tea and wine, are being freely administered, with local anodyne applications and hypodermics of morphia at night.

This condition of irregular fever with occasional rigors, alternating with drenching sweats, continued until the 27th instant, when new symptoms were developed. A teasing cough had lasted for two or three days, accompanied by a small amount of frothy expectoration, but physical examination showed nothing abnormal. On this day, however, she was suddenly attacked, about 2 p.m., with a violent stitching pain in the right lower ribs, with a most distressing squeezing sensation round the chest. Auscultation revealed a loud rough and harsh pleuritic friction at lower part of the right lateral region, extending less marked to the base of the lung behind. She was ordered morphia, the dose to be regulated at the discretion of the house-surgeon, and poultices. The next day the pain was relieved, but her pulse was very rapid, small, and compressible, and she gradually sank and died at two a.m., of the 30th instant.

Post Mortem, eight hours after death, (by Dr. Osler):—

Body that of a small, much emaciated woman; rigor mortis present; abdomen sunken; mammae flattened and wasted; panniculus adiposus very scanty.

On opening abdomen, the parietal peritoneum is adherent from the naval downwards, and extending into the flanks. The attachments are separated without much difficulty, when a tumour is discovered, occupying the superior part of the pelvis, the organs of which are concealed by it. Above it extends nearly to the naval; the transverse colon is closely attached at the upper part and descends along the left side. On the right there are firmer adhesions with the lower coils of the ileum. The tumour is firmly fixed, occupies a central position and is about the size of a child's head. On making a free incision the sac of an extra-uterine pregnancy is exposed, containing about ten ounces of dark greyish-black material, looking like a mixture of coal

ashes and water, and in this are the disconnected bones of a foetus, and discoloured, and entirely devoid of soft parts. A peculiar and horribly foetid odour is given off from the contents. The sac walls are about two millimetres in thickness at the front and lateral parts; thicker and more condensed in the pelvis. The lining membrane is roughened, of a dark gray colour, in places quite black. On separating the adhesions of the sac to the pubis the bladder and fundus uterus are exposed, when it is seen that the former (the sac) lies above and behind the uterus, extending between it and the rectum as low as the level of the os, but not much more to one side than the other, the balance, if any, being in favour of the right. A little to the left of the upper extremity of the sac is an oval orifice of communication with the sigmoid flexure of the colon, about $\frac{3}{4}$ ins. in length, edges rounded and dark in colour. On the right side there are several spots where perforation has almost taken place into the ileum, the coils of which could not be separated without tearing the sac-wall. In the broad ligament of the right side is a cyst the size of an apple, in communication with the main one by a narrow valvular opening, and filled with a similar ash-like material. It has thick walls, with a well formed lining membrane. The fallopian tube terminates at the upper part of this cyst, being slightly dilated in its course and at the extremity. The ovary of this side could not be found, but whether accidentally cut away or destroyed in the growth of the sac cannot be positively said, probably the former. The ovary of left side not seen, probably left in the body, though it was thought that the entire contents of the pelvis had been removed. The fallopian tube of this side is cut off about $1\frac{1}{2}$ in. from the uterus. The tissues of the broad ligaments on either side are much infiltrated and thickened, and on the right below the lesser sac there are several lines of suppuration passing down towards the vagina, and several of the veins contain thrombi. The uterus is slightly enlarged, measuring $5\frac{1}{2}$ in. in length, of which $2\frac{1}{2}$ in. are made up by the cervix. Mucous membrane is soft, that of the cervix covered with a dirty semi-purulent secretion.

Heart presents nothing of note beyond five or six small perforations in the auricular septum.

Pleura over bases of both lungs inflamed and covered with flakes of lymph, about four ounces of exudation in right side.

Lungs.—Posterior part of lower tube slightly collapsed and dark in colour. One or two firmer

spots are felt, which on section prove to be patches of pyæmic pneumonia, one of which is beginning to soften. In the lower tube of left lung are several of these nodular, superficially placed spots; two have softened into small abscesses.

Nothing of note in the abdominal viscera.

Progress of Medical Science.

ON THE ABSORPTION OF LIME SALTS.

The opinions of physicians concerning the therapeutic effect of lime salts differ widely. Some think that they act only *locally* upon the mucous membranes, the secretions and contents of the intestines, but that they have *no general* action upon the system. Others consider them as powerful remedies in all so-called dyscrasies. The differences in opinion caused the author to experiment with animals, to see if lime salts *enter the system*, and become excreted with the urine. He found that soluble lime salts, when brought into the body, become *absorbed*, though only to a small degree. We may therefore expect that a deficit of lime in the body may be balanced by the introduction of a soluble lime salt in a sufficient quantity, provided the general condition of the body favors a return to the standard. The administration of these salts in the proper diseases seems therefore to be well founded.—*Dr. Perl, in Virchow's Arch., Vol. 74, September, 1878.*

REMOVAL OF THE LOWER PORTION OF THE LEFT LUNG—RECOVERY.

Fordyce Grinnell M.D., physician to Wichita agency, Indian Territory (*Cincinnati Lancet and Clinic*, September 14th, 1878,) reports the removal by himself of the lower portion of the left lung of an Indian boy, eight years old, who had been wounded by a barbed arrow, and had pulled out this portion of the lung when he pulled out the arrow. The arrow penetrated between the fifth and sixth ribs, just to the left of the median line. Twenty four hours after the injury the doctor saw the case. Meanwhile the "medicine man" near at hand had failed to cause the lung to return by his enchantments. When the doctor arrived, the protruded portion of lung was congested and fast becoming gangrenous. The extended portion of lung was ligated and removed; the cut surface was touched with perchloride of iron and returned within the small opening made by the arrow. The portion of the lung removed was four and one-half inches long and two and three-fourths inches broad at its widest part. Some degree of suppuration took place, and two weeks after the ligature came away with a quantity of pus. The boy has steadily improved since the ligature came away, and is now beginning to resume his wonted sports.

NEW YORK ACADEMY OF MEDICINE.

SECTION ON OBSTETRICS.

Stated Meeting, June 17, 1878.

SORE NIPPLES.

Dr. F. V. White directed the attention of the Section to his method of retreating sore nipples. He received the idea from the patient. He had had between one and three thousand cases of confinement, consequently an extended experience in the management of that difficulty. He had resorted to almost every method of treatment, embracing the various local applications which had been recommended, but without satisfactory results. During the last eight or ten years he had employed the method suggested by his patient, and had come to regard it as specific, for, with only one or two exceptions, the plan of management, in his hands, had been uniformly successful. The plan was to simply protect the nipple with an ordinary nipple-glass, such as was worn to protect the nipples from the clothing. It could be secured in position by means of a bandage. The pressure of the glass upon the breast removed more or less of milk, which became a serviceable lotion for the sore nipple.

Dr. Hubbard remarked that he had employed the nipple-glass for several years to protect the breast from the clothing, but he had never used it for the cure of sore nipples. He had used it more as a protector against irritation. He had not, however, always succeeded in curing the nipple while using the glass. He had frequently questioned whether keeping the nipple constantly moist with milk was not injurious rather than beneficial.

Dr. A. C. Post suggested that when the nipple-glass was employed, the hole should be so large that the nipple would not be at all dragged upon; the drawing should be from the breast, and not from the nipple.

Dr. S. S. Purple remarked that when the nipples were simply sore, without excoriation, he had managed them successfully by making a local application of

R. Tannin.....	3 i.
Syr. acacia.....	3 ij.
Aquæ.....	3 ij.
M.	

It could be applied to the nipple and breast with the finger, and should remain exposed to the air until perfectly dry. The glass could then be worn over the nipple to protect it from the clothing, and he usually had no trouble in the management of the case.

Dr. E. F. Ward said that local applications, such as nitrate of lead, tannin, etc., had, in his hands, been rather disappointing in the treatment of sore nipples. For several years he had not used any local application to the breast

or nipple, but had directed the woman to use a nursing tube, consisting essentially of a glass-shield with a broad brim, and an opening sufficiently large to admit the nipple without constriction, and a rubber tube with a mouth-piece attached. The glass shown by Dr. White he also used to protect the parts from the clothing, but had not used it to cure the nipples. He had experienced little or no difficulty in managing his cases successfully.

Dr. O'Sullivan had not for many years used local applications in the treatment of sore nipples. His method of treatment had been to keep the nipple perfectly at rest, never allowing the child to nurse unless the nipple was protected. He had used the nipple-glass as a protector from irritation.

Dr. Kennedy thought the nipple-glass did nothing more than protect the breast from irritation produced by the clothes. So far as treatment of the sore nipple was concerned, he usually left it to the experience of a physician or to the experience of the nurse, however poor that might be.

Dr. Caro remarked that the nipple-glass was used extensively in Sicily, but simply to protect from irritation produced by the clothes, and not for the cure of the nipple. He thought local applications were of no avail. To give the nipple perfect rest was the best treatment. To protect the nipple from irritation, he had used the glass shield very extensively.

In cases in which it was desirable to keep the air from the nipple, he had found gold-beater's skin to be the best application. The idea of keeping the nipple wet with milk was objectionable on the ground that the milk itself was soon so changed as to be a source of irritation; consequently, the cleaner the nipple could be kept the better. If local application was to be made, pure cold water was all that was necessary. The paramount principle in the treatment was perfect rest for the nipple.

Dr. O'Sullivan remarked that he had used cold water, and associated with it glycerine, which was very soothing. The main element in the treatment, however, was rest.

Dr. Compton said that he had seen the following mixture act very favorably as a local application.

R. Tr. Benzoin co.,
Glycerine, aa.

M.

To be applied just after the child had nursed, and wiped off before nursing was renewed.

MANAGEMENT OF THE BREASTS IN CASES IN WHICH NURSING IS NOT ADOPTED.

Dr. Hubbard asked the question, What should be done for the breasts in cases in which the child was still-born, or the mother not disposed to nurse her child? His practice had been to let the breasts entirely alone, and he had yet to see a mammary abscess following

that method of management. He had recommended that method in the Infant Asylum, where most of the mothers were not disposed to nurse their children. He was at first opposed by his colleagues, but finally they consented to give the plan a trial, and during his entire connection with that institution there was not a mammary abscess formed. The method, however, wherever recommended, met with opposition from nurses and friends, and it was with the greatest difficulty that the physician could prevent drawing milk from the breast. The pain in the breasts, if any was present, as a rule subsided within twenty-four or forty-eight hours, and no further trouble was experienced if no attempt whatever was made to draw the milk. If the milk was drawn only once, the character of the case was entirely changed.

Dr. Ward remarked that it had been his practice in such cases not to draw the milk at all, and he had found that the pain ceased within one or two days.

Dr. O'Sullivan said that it had been his practice not to interfere with the breast under the circumstances mentioned. He had seen only the most favorable results follow, when a rigid adherence was given to the method.

Dr. Purdy remarked that his experience had been in accord with Dr. Hubbard's. If the condition of the patient warranted it, he usually administered a brisk cathartic—indeed, kept up a slight diarrhoea for a few days—and thought it caused the milk to disappear more rapidly than it otherwise would.

Dr. Hubbard thought that in accordance with a somewhat late suggestion, a bandage could, with advantage, be applied with the view of preventing the formation of the milk.

Dr. Munde referred to suppurative mastitis which had occurred in cases in which the bandage was used. His general practice was to let the breasts entirely alone. He had used belladonna, but did not think it necessary. It was soothing however, and was not specially objectionable.

Dr. Caro believed that where the woman proposed not to nurse, it was the best treatment to let the breasts alone. But suppose the woman wished to nurse, and did nurse the child from one breast, and was unable to nurse from the other breast, what should be done? For example, a woman came under his care who had had the right nipple completely destroyed by a burn when a girl. She nursed her child from the left breast, and after three or four days there was considerable fever, and she complained of considerable pain over the right breast. Upon examination, it was evident that secretion of milk had begun in the right breast, and he thought it necessary to resort to some means for its arrest. He applied fluid extract of belladonna twice a day for five

or six days, and all evidence of milk disappeared. Whether the result was due to the belladonna or not he was unable to say.—*N. Y. Medical Record.*

OBSTETRIC SECTION.

Stated Meeting, Sept. 16, 1878.

SORE NIPPLES.

Dr. F. V. White read a paper upon the above subject. Preparatory to a proper understanding of the pathology and the therapeutics of this morbid condition, he referred to the anatomy of the part as given by Astley Cooper and some more modern authors. According to the authorities consulted, the doctor stated that there was no erectile tissue in the nipple, such as was found in the penis. The most common varieties of sore nipples were abrasion, fissures, and ulcerations, and their occurrence was most frequent in primiparous women.

PROPHYLACTIC TREATMENT.

With reference to prophylactic treatment, such as bathing the nipples prior to confinement, with alcohol, astringent lotions, etc., Dr. White had great doubt concerning its actual value.

He regarded sore nipples as the most frequent cause of the superficial and the deeper-seated mammary abscesses which occurred during lactation.

The doctor did not discuss the therapeutics of this subject further than to re-affirm his confidence in the use of the nipple-glass, which protected the nipple from irritation, from variations in temperature, and from engorgement by milk. It should be applied as soon as the nipple commenced to be tender.

Dr. Hubbard regarded it as a point well taken, that mammary abscess very seldom occurred unless preceded by sore nipple. He had been inclined to the belief that constantly bathing the nipple with milk, as was the case when the nipple-glass was worn, was injurious rather than beneficial. In that respect, however, he might be in error, and was willing to give the glass a trial.

DOES THE NIPPLE POSSESS ERECTILE TISSUE?

Dr. A. C. Post remarked that, while there might be some histological difference between the nipple and the penis with reference to the erectile tissue, at the same time there was present in the nipple a tissue which rendered it capable of becoming erect. He regarded it as an error to say that the nipple did not contain erectile tissue, and, in that particular, he thought the language of the paper should be corrected.

Dr. White remarked that Cooper did not regard it as erectile tissue proper, and that the same view was held by Flint, as stated in his work on physiology.

Dr. Caro believed that Dr. Post was correct when he stated there was erectile tissue in the nipple; for it was a positive fact that such tissue was present. Whether it was equal to what was found in the penis and the clitoris, he was unable to say: but that the nipple became erect when titillated, and remained so for a certain length of time, had been repeatedly observed. Besides, he believed there was an intimate relation existing between the erectile tissue of the nipple and the erectile tissue of the genital organs of the female, for, when the nipple was sucked, it very commonly happened that a certain kind of voluptuous feeling came over the woman.

Again, it had been long known that friction of the nipples, such as sometimes attended measures prophylactic of sore nipples, might be followed by abortion. Velpeau, Bedford, and some other authors had suggested tickling the nipple for some time as one of the means of producing premature labor.

For that reason, active interference with the breasts and the nipples prior to labor had been objected to in the prophylactic treatment for sore nipples.

With reference to remedies for preventing excoriation and fissure of nipple, he had never found any more serviceable than the saliva of the mother applied two or three times a day.

As for treatment, the application of clear cold water had served him most satisfactorily for hardening the nipple and preventing extension of excoriations after they had been developed. The water was best applied by means of small cloth-compressors. In obstinate cases he had found nothing better than gold-beaters' skin applied to the nipple, and covered, perhaps, with a slight layer of collodion, which would not be removed by a single nursing.—*N. Y. Medical Record.*

MOIST HANDS.

The following replies were received to a communication in the *British Medical Journal* asking a remedy for moist hands:

"In answer to 'A Member's' query on the above subject, I beg to recommend a remedy which I found most useful in hydrosis manuum following small-pox and other eruptive fevers—namely, extract of belladonna painted around the wrist in the form of a bracelet once a day. It would be of interest to me to know if the above remedy is successful in your correspondent's case."

"I think that it would be worth the while of 'A Member' to try the effect of terebinte soap in the case in question; or, what would do equally well, if not better, of a drop or two of terebinte itself used upon the hands while washing. The great power which terebinte possesses of dissolving fatty matters of all

kinds makes it a powerful detergent. I am constantly in the habit of using it in this way when my hands are unusually dirty from any special cause; but, though most effective in this respect, it has the slight drawback of leaving the skin very dry, and it has struck me that it might in this way correct the excessive moistness by which your correspondent is troubled."

"If 'A Member' have not prescribed belladonna for the relief of this unpleasant complaint, I venture to suggest his doing so. It is of service in the treatment of excessive perspiration of the feet, when it is generally ordered in the form of liniment; but as an application to the hands, an inodorous solution of atropine would probably be preferable. The internal administration of belladonna will also help to bring about a satisfactory result, as it does in cases where it is necessary to prevent the secretion of milk."

"I would advise 'A Member's' patient not to wear gloves or any covering for the hands until cured. Let him drive, garden, row, or perform other slight manual labor with bare hands. By these means the palmar surfaces will become somewhat hardened and less liable to the profuse perspiration complained of. This has been the most effectual treatment in one or two cases I have had to attend. Physic I found of no avail."

"The particulars of a case of hyperidrosis which came under my notice some time ago, and the result of the treatment adopted, may be of interest and use to your correspondent, 'A Member,' writing on the subject of 'moist hands.' In my case the patient had been a sufferer from hyperidrosis of the feet for years. The secretion was of an offensive nature, and a source of constant annoyance to himself and his friends. He had tried various 'remedies' without effect. I prescribed the treatment first recommended, I believe, by Dr. Sydney Ringer, viz., the local application of belladonna. The result was successful beyond my anticipations. The action of this drug appears to be as efficient in checking the secretion from the sudoriferous glands as it does in arresting that of the mammae. I would recommend the unguentum belladonnae to be rubbed in twice daily, or the liniment may be substituted if a greasy application be objected to. If the belladonna treatment should fail, I would advise a trial of the method originated by Hebra, and highly recommended by M. Pardy and others. This plan consists in covering the affected parts with strips of diachylon plaster, so that the hand or foot, including the fingers and toes, is completely shut in. The plaster must be renewed each day, after thoroughly wiping the parts with a warm dry flannel. This should be repeated daily for a fortnight. It has occurred to me that by using the emplastrum

belladonnæ we should derive the benefits from the local application of that drug, together with the advantages of the diachylon treatment, at one and the same time. Constitutional means and the ordinary astringent lotions are useless in these cases of partial sweating."

"A Member" should consult Ringer's Therapeutics on the subject. He will find it recommended to apply the liniment of belladonna to the hands, or a solution of atropine. An ointment containing belladonna liniment may be used with gloves at night, or a small quantity of atropine (which is more decided) may be injected under the skin. If these fail, the hands should be wrapped up at night in Hebra's lead ointment, and nerve tonics given. A strong solution of tannin in alcohol is a remedy worth trying. The atropine should be injected into the arm. One hundred and twentieth of a grain is sufficient to begin with. If the malady continue, the ninetieth and subsequently the sixtieth of a grain may be used. Every second or third day is frequent enough to inject.

A CLINICAL LECTURE.

Delivered at Jefferson Medical College Hospital by SAMUEL W. GROSS, M.D., Lecturer on Disease of the Genito-Urinary Passages and on Clinical Surgery in Jefferson Medical School, Philadelphia (Reported for the *N.Y. Hospital Gazette*.)

EXTERNAL HEMORRHOID.

This is a trouble for which you will be very frequently consulted. You notice this little tumor on the verge of the anus. It is characteristic in appearance, and is the cause of great pain. The man first noticed its presence yesterday afternoon following a passage accompanied by a good deal of straining. The tumor is uncommonly large for a pile. It is of the usual bluish color, and imparts a decided sense of tightness to the touch.

Hæmorrhoid tumors are of two kinds, external and internal. The internal pile is within the sphincter ani muscle, and consists of a knot of hypertrophied arteries and veins. It is commonly soft and spongy in texture. The external hæmorrhoid is of a very different character. It is external to the sphincter ani muscle, but is very often strangulated by the contraction of that muscle. It consists of an extravasation of blood from the hæmorrhoidal vessels, is, in fact, a sort of apoplexy at the verge of the anus.

As regards the treatment of an external hæmorrhoid, Erichsen of London, and Bryant of Guy's Hospital, advise its immediate removal with a knife. This is a truly villainous practice, and attended with great risk of obstinate hæmorrhage. The American surgeon incises the tumor with a bistoury, and presses out its contents, *i.e.*, the contained clot of blood. The structure of an external hæmorrhoid consists

entirely of this clot of blood. The slight operation relieves the pain and tension at once. As an after-treatment the parts should be well bathed with cold water and some medicine given to act on the liver and bowels. [The above remarks were made by Prof. S. D. Gross, who had taken his son's place for a few minutes.—REPORTER.]

NÆVUS MATERNA.

You notice this soft, elastic tumor over the upper portion of the left frontal bone. It is as large as an almond, and is traversed by veins. When the child cries the tumor grows hard and tense. This is what is vulgarly known as a mother's mark, a *nævus materna*. These tumors are called cavernous *angiomæ* and consist of dilated veins, or arteries, or both—sometimes the veins predominate, sometimes the arteries. These veins and arteries are, of course, of capillary size.

There are a great many ways of operating in a case like this. In a recent instance I tried to cut away the growth under the skin so as to avoid a bad-looking scar, but I found it of no use. On another occasion I tried cauterization, heating the bulb of the cautery and perforating the tumor in many places, but it did no real good.

The proper way to treat such cases is the one which I shall now adopt. I push two oiled pins right through the base of the growth so that they cross each other at right angles. I then take a sharp knife and cut a groove in the skin between the points of insertion and of exit of the two pins, and then pass a stout ligature round the base of the *nævus* and underneath the pins. I draw this ligature just as tight as I possibly can, so as to completely strangle the growth. When this is done the vessels of the tumor are obliterated, new matter is thrown out, and the tumor itself sloughs off in the course of four or five days, leaving an open, granulating wound, which must be protected by some mild ointment. Before dismissing the case I cut off the ends of the pins so that they will not catch in the clothing. There is no use whatever in temporizing in these cases by the use of the cautery, or by the injection of irritating substances in the body of the tumor.

MAGIC EFFECTS OF HYPODERMIC PUNCTURE OF MORPHIA IN CASES OF DYSENTERY.

By J. E. WASHINGTON M.D., Augusta, Ga.

As I have never seen mention made of the use of morphine by hypodermic puncture in cases of dysentery, I have concluded to give my own experience with it. I was first induced to try it by being called to a case in which there was terrible suffering from tenesmus and vomiting. In this case the man begged me, "Doctor, for God's sake give me som

thing to relieve me, for I can't stand it much longer." He was covered from head to foot with cold, clammy sweat, lips blue and cold. I gave him about the third of a grain of morphia by puncture, not with any idea that it would relieve the vomiting and purging, but solely to obtund him to the severe suffering, but to my surprise in a few moments he was perfectly quiet, and the vomiting and purging almost entirely relieved; another puncture did the work, and he was convalescent in a little over forty hours.

Having such success in this case, I was emboldened to try it in several other cases, with equally as good results. After having treated a number of cases in this way, I was taken with an attack of dysentery myself. In my own case there was severe vomiting and tenesmus, in fact, a movement from the bowels every five or ten minutes, and sometimes I could not leave the stool more than three or four steps without having to return.

I tried opium to quiet me, but could not retain it. I then thought of the *hypodermic puncture*, and although so weak and faint that I could not sit up, prepared the instrument (being by myself, and gave myself a good puncture, and lo! in a few minutes I was perfectly relieved. I then applied a wet bandage over stomach and bowels, and was soon convalescent.

Now we have not only the evidence of the beneficial effects of hypodermic puncture of morphia in cases of dysentery, as derived from a trial upon others, but also from personal experience. When we come to consider the severe, debilitating effects of this disease, and also how frequently its effects are prolonged for days and weeks, it behooves us to try those remedies which will cut short the duration of the disease.—*Nashville Journal of Medicine*.

THE ARSENICAL TREATMENT OF CHOREA.

By L. C. GRAY, M.D.

In regard to the efficacy of our therapeutics, there is abroad in the profession a feeling of skepticism, which, albeit often unconsciously actuating its possessor, is yet, on that very account, the more deleterious in its influence upon medical thought and action. It is scarcely to be wondered at. At a time which I have no doubt is within the memory of gentlemen present to-night, every dispensary had its "bleeding-room," and the lancet was considered to be a more indispensable instrument than any which the general practitioner now carries. To-day I question whether there will have been a dozen, nay, half a dozen, venesections in this large city in the last twelve calendar months. All the sedatives, depressants, revulsives, nauseants, emetics, low dietaries,

have fared the same fate, in the same period of time. Every one of these remedies had its advocates among experienced and distinguished observers, who cited cases in support of their views every whit as satisfactory as many of those which satisfy medical gentlemen of the present day. Nevertheless, they have, one and all, been almost entirely discarded. The experience of generations, venerated, often justly, in other particulars, has been inexorably and indiscriminately scouted in this. What wonder, then, that the sudden crash of so venerable a system should inspire men with profound suspicion of human testimony in matters therapeutic, and should hamper the erection of the new structure that is progressing so painfully, slowly, gropingly. This attitude of incredulity is very natural. It is, moreover, of good omen for the future, as long as it is judiciously maintained, and does not degenerate from scientific alertness into a blank nihilism which nothing can convince. It is time that writers upon therapeutics should scrupulously conform to the requirements of this sentiment. It is time that men should know that we want facts in the stead of opinions; or, at least, the facts first, the opinions afterward. Such facts are to be gathered, not from our present inconclusive experimentation upon animals and physiology, but in the actual treatment of disease, so recorded that it can be offered to the inspection of every one who may choose to judge for himself of its value. Thus, and thus alone, can speculation be avoided, inaccurate observation prevented from misleading, and accurate observation receive its proper recognition.

In accordance with these views, the following remarks are offered as a contribution to the subject indicated by the title of my paper.

During the past year I have treated some twenty-seven cases of chorea with arsenic. The average age was nine, the minimum five, the maximum sixteen. Six of the patients I have been enabled to keep continuously under my own observation from the beginning of treatment to the entire disappearance of the symptoms. It has, of course, been necessary to accept the statements of relatives and friends as to the exact period of onset. I have made use, in every instance, of Fowler's solution of arsenic, the *Liquor Potassæ Arsenitis*, commencing invariably with three drops thrice daily after meals, and increasing this amount every second day by one or two drops, until there was either distinct abatement of the disease, or until some slight toxic effect appeared, as an occasional nausea, or quickening of intestinal peristalsis, or a slight puffiness beneath the eyes, or a passing cephalalgia. Should any more decided toxæmia than this have resulted, I have reduced the dosage drop by drop, being careful, however, not to diminish the quantity too hastily or too much. As a vehicle for these doses I have

employed the Tr. Cinchonæ Comp., one drachm or half a drachm at a time, for I have found that the arsenic is less apt to cause gastric disturbance when given in this manner than when administered simply in water. It has been my custom, nevertheless, to largely dilute even this mixture with water, since I deem it a matter of great moment to take every available and harmless precaution—even though it may often be superfluous, especially in children—to prevent any decided irritation of the stomach.

Four of the six cases were cured after attaining a dosage of seven drops three times daily, while five drops thrice daily sufficed for another, the remaining one recovering with two drops given at the same intervals. In three individuals of the twenty-seven the medicine could not be pushed to the proper extent. The mother of one of these children, a very stupid woman, insisted that the little patient would vomit immediately after being given one drop, but I had reason to doubt whether the parent could measure so small a quantity. In the second patient, likewise through the blunder of the parent, dangerous symptoms were induced, while there supervened a decided nausea, cephalalgia, and gastralgia in the third, which speedily passed away upon the discontinuance of the remedy. I would have it borne in mind that every case was cured that was retained under treatment for the adequate period of time, which I shall specify in a moment, and that in no one of those uncured because of insufficient length of treatment did signs of improvement fail to appear, the more marked in proportion as the medicament was longest continued. The exclusive treatment in all these cases was by the Liq. Potass. Arsenitis. No directions whatsoever were given in regard to hygiene or food; and as all these patients were seen at my clinic in the out-door department of the Long Island College Hospital, neither the hygiene or food could have exerted any material influence upon the result.

The average duration of the six cases, from the beginning of treatment to the absolute cessation of the movements, has been 24 days, the maximum 38 days, the minimum 13 days; while the average period from the earliest symptoms to their disappearance has been 55 days, the maximum 103, the minimum 21.

An attempt has been made of late, with earnest ability and an imposing array of clinical material, to prove that the duration of chorea treated upon the so-called "expectant" plan is no greater than it is under the exhibition of any drug; or, in other words, that when a choreic patient is surrounded with the favorable hygienic influences of a hospital or an infirmary, and at the same time supplied with wholesome, nourishing diet, the cure will be effected as speedily as when arsenic, iron, zinc, and others

of this ilk are administered. In 1862 Dr. Wilks,* inaugurated this era of doubt by citing four cases which he had managed in this manner. The subject seems to have passed out of memory for upwards of a decade. In 1871 Drs. Gray and Tuckwell† again enthusiastically lauded the merits of the "expectant" method, publishing eighteen cases in support of their views, to which they added twenty in 1876,‡ making a total of thirty-eight. Up to the present day these claims would seem to have been accorded a general acceptance; or, at least, I am not aware that any public opposition has been made to them. Are they valid? is a question which I have long been asking myself, which has prompted me to an investigation of this subject, and to which, I think, an answer can be found in my own observations, of which I have just spoken. The average duration of Dr. Wilks' cases under the "expectant" treatment was 50 days, while if the duration after admission to the hospital be computed in the cases of Drs. Gray and Tuckwell, it will be found to be 36 days. As the average duration of my cases treated with arsenic was 24 days, there is evidently a difference in favor of the latter of 15 days as against the cases of Drs. Gray and Tuckwell, and of 26 days as against those of Dr. Wilks. It may be objected, seemingly with force, that my six cases are so disproportionate in number to the thirty-eight of Drs. Gray and Tuckwell as to render the comparison unjust to the latter. The objection, however, is more apparent than real. In the first publication of these gentlemen Dr. Gray gave the details of six cases, Dr. Tuckwell those of twelve, while in their last paper Dr. Gray narrated the histories of nine cases, Dr. Tuckwell giving those of eleven. It is clear that if the average be reckoned in each of these groups, and compared on the one hand with the average obtained from all these cases while on the other hand it be compared with the average of my cases, a very correct idea can be obtained of the discrepancy that may exist between the averages of a small and a large number of cases. If this be done it will be ascertained that Dr. Gray's first six maintained an average duration under treatment of 38 days, his later nine cases of 36 days, while the earlier twelve cases of Dr. Tuckwell lasted 32 days, the eleven more recent ones 36 days; or, in brief, the difference between the lowest average of any individual group, thirty-two, and the average of all the cases, thirty-five, may be 3 days. This possible source of error being admitted, as I am perfectly willing to do, there still remains a balance of twelve days in favor of the arsenical treatment of chorea; this balance, by comparison with some of the groups,

* Med. Times and Gaz., March 22, 1862.

† Lancet, 1871.

‡ Lancet, Feb., 1876, p. 710.

mounting as high as 16 and 18. It is thus manifest that the average duration of thirty-eight cases of chorea treated with arsenic would not vary essentially from the average duration of six cases so treated. Denial of this certainly would be hypercriticism.

In computing the average duration under their method of treatment, Drs. Gray and Tuckwell have included the duration of the disease *prior* to the patient's admission into the infirmary. This is obviously improper: Their own figures show that this prior duration may vary from 3 to 84 days! The average of this prior duration in my cases was, moreover, 39 days, while in theirs it was 31 days; my cases, therefore, having been ill some 8 days the longest. Unless, then, it be asserted that chorea will last the same length of time, whether the hygiene and nutrition be good or bad—an assertion which I am certain these gentlemen do not make—this prior duration must be excluded. Were I, however, to admit it, there would still remain a balance of 12 days in favor of the arsenical treatment, the total duration of my cases having been 55 days, as against 67 in the English patients.*

In singular corroboration of the figures at which I have arrived, twenty cases of chorea treated with Fowler's solution of arsenic in St. Thomas' Hospital in London, in 1858, averaged 26 days. No details are given. And these figures, in their turn, add substantiation to the opinion so long prevalent in the profession, as to the unsurpassed value of arsenic in the disease under consideration; an opinion which, be it said to the honor of American medicine, was first emphatically enunciated in a communication published in 1839 † by Dr. D. M. Reese, of Albany, and to whom, therefore, and not, as is generally stated, to Dr. James Begbie, of Edinburgh, whose paper was read in 1858, belongs the credit of having been the first to call the attention of the profession to this important clinical fact. ‡

I have sought, but only with measurable success, for statistical material wherewith to institute a comparison between the arsenical and other modes of treatment. Sulphate of zinc in increasing doses, as well as the preparations of iron, were administered to a number of patients in St. Thomas' Hospital in the year mentioned above. Of eight cases to whom the zinc was given, five only were cured, the remaining three being merely improved, whilst the average duration under treatment of the cured cases was 29 days. The ferruginous preparations

affected a cure on the average in 44 days. Five cases are recorded by Mr. H. T. Butlin* as having been cured by the sulphate of zinc in 37 days upon the average, whether with increasing doses or otherwise is not stated. Other reliable figures than these I have not been able to find. It is needless to point out that these bear no comparison with those obtained in the treatment by Fowler's solution.

But, notwithstanding that the arsenical treatment of chorea in the manner described checks, as I am persuaded, the course of the disease more quickly than any other remedy of which we possess knowledge, the "expectant" treatment is by no means to be contemned. I dispute simply its relative, not its actual, value. Of the latter there is abundant proof, which can be found partly in my preceding statements upon the subject, partly in the histories of many of the cases detailed by Drs. Gray, Tuckwell and Wilks. The latter gentleman tells of one patient, for example, who had been ill two years, under treatment in the out-door department for twelve months, and who was cured in two weeks after admission to the hospital. And it would be equally unjust to deny that the sulphate of zinc or the ferruginous preparations possess efficacy. On the contrary, I believe that, were the treatment of chorea to be directed in rigidly logical accordance with what accurate information we can command, it should consist of a judicious combination, according to the circumstances, of two or more of these remedies. Foremost of all in effectiveness I should deem the administration of Fowler's solution of arsenic, accompanied by good hygiene and a sufficiency of nourishing food. The arsenic should be administered in promptly and steadily increasing doses to the supervention of slight toxæmia or the distinct remission of the movements; and the patient should live in well-ventilated apartments, should have necessary but not excessive exercise, should be well protected by adequate clothing from atmospheric changes, should have abundant sleep at seasonable hours, should be removed from all sources of excitement, and especially from all emotional disturbance, and should be properly supplied with savory, nutritious aliment. Should there happen to co-exist anæmia or a similarly indicative condition, it would be eminently proper to add iron. The conviction almost forces itself upon me that a series of cases carefully subjected to this conjoint treatment would show more favorable results than any yet obtained. Should the arsenic for any reason be inadmissible, the sulphate of zinc should take its place, commencing with two grains, and gradually increasing every few days by a grain, until the drug produces some slight ill symptoms, or until improvement, whereupon the dosage

* The total duration of their cases, as given by Drs. Gray and Tuckwell, is 69 days. But I have omitted case three of Dr. G.'s latest publication because of the relapse from an accidental cause, not connected with the disease. I have thus reduced the time by 2 days.

† N. Y. Journ. Med. and Surg., Oct., 1839.

‡ Ed. Med. Journ., vol. 3, 1857, 1858, p. 961, read before the Med. Chir. Soc., Edin., April 7, 1858.

* Lancet, Oct. 21, 1871.

should be maintained to the rule. In a certain proportion of cases, however, as in the vast majority of those seen in dispensary practice, proper hygiene and nourishment cannot be had; and it is precisely in this class that it becomes of paramount importance to determine the relative value of the drugs, upon one or more of which we must alone rely. In regard to this class, I should arrange a scale, headed by arsenic, to which should succeed respectively, sulphate of zinc and iron; and any combination of these should be in pursuance of the preceding rules.

ON THE USE OF CHLORAL-HYDRATE ENEMATA

Dr. Stareke, of Berlin, has a paper on the employment of chloral-hydrate enemata in the *Berliner Klinische Wochenschrift* for August 19. He observes that there are great prejudices, especially in England, against the continued use of chloral, occasioned, probably, by the not unfrequent misadventures occurring in connection with its use in habitual drunkards. Last year Dr. Stareke himself fell ill of a chronic gastric catarrh, with great acidity of the contents of the stomach, and considerable emaciation and prostration. The principal and most distressing symptom, however, was persistent insomnia, only half an hour to an hour's sleep being obtained at night. At the suggestion of his colleagues Dr. Stareke resorted to the use of chloral, but the irritable state of the stomach forbade its use by the mouth, and hence he determined to take it *per rectum*. An aqueous five per cent. solution of chloral was warmed to about 95° Fahr., of which he injected first 10 grammes, and after a quarter of an hour a further quantity of 10 grammes, so that in all 1 gramme (15½ grains) of chloral were thus taken. This was in a few minutes followed by a feeling of warmth, comfort, and repose, and lastly by sound sleep, which lasted uninterrupted for five hours. In this manner Dr. Stareke continued the injection of chloral for five months, taking in all 120 grammes of the drug. Decided convalescence set in after almost the very first dose, which was followed every morning by a sense of vigor and a desire for food, without any headache or other discomfort. Nor did the efficacy of the dose of chloral diminish, and latterly even half the quantity, *i. e.*, 0.5 gramme, was sufficient. Frequently the attempt was made to obtain sleep without resorting to the chloral, but in vain, until within the last month, when Dr. Stareke found he could discontinue it altogether. This employment of chloral *per rectum* has decided advantages in cases of gastric irritability. Dr. Stareke tried twice to take it by the mouth, and each time it was after a few minutes completely rejected, and no sleep ensued. The absence of all unpleasant results when administered by the rectum

is doubtless due to its undergoing no decomposition, as is generally the case when it comes into contact with the contents of the stomach. Of course the drug should be absolutely pure. The sensation of burning and tenesmus which at first follows an injection, may be materially obviated by well oiling the nozzle of the syringe. And since the site of the tenesmus is chiefly in the region of the sphincter, contact of the chloral solution with this part of the gut should be avoided by passing the injection pipe as high up as possible. And if the injection is made by one's self, the position on knees and elbows will be found the most convenient. It is also of consequence that the solution should be complete, and that it should be warmed to the temperature of the body; also that the dose required is a moderate and even small one as compared with that usually given by the mouth. Dr. Stareke has subsequently used chloral in the same way in various cases and with the same uniformly safe and favorable results. It seems especially applicable in the case of aged people, and in no case need the dose exceed one gramme (15½ grains).—*London Med. Record*, Oct. 15, 1878.

THE PHYSIOLOGICAL ACTION OF PURGATIVES.

Med. Times and Gazette: This subject has recently been re-investigated by L. Brieger (*Archiv. für Exp. Pathologie*). Large dogs were used. Dilute solutions of saline aperients (sulphate of magnesia and common salt) were absorbed without causing any change in the bowel; but as the strength of the solution was increased, the ligatured bowel contained more and more clear yellow alkaline liquid, containing flakes of mucus, intestinal epithelium, and mucous corpuscles. Drastic drugs (croton oil, colocynth) caused the secretion of a bloody liquid, or even set up diphtheritic inflammation of the mucous membrane, while laxatives, such as senna, rhubarb, aloes, gamboge, and castor-oil invariably caused firm contraction of the muscular coats, the injected drug, its watery parts being absorbed, being found spread over the whole mucous membrane, which was *not* inflamed. It thus appears that laxatives mainly act by exciting peristaltic contraction of the intestine; whereas salines, as was previously known, attract water into the bowel, and also induce abundant secretion from the intestinal glands. On the other hand, drastics in small doses have a similar action to laxatives, but in large ones they cause inflammatory exudation and hypersecretion. Brieger's results, therefore, differ from those of Moreau and Bruntton in the *role* he assigns to the laxatives. If we remember rightly, the latter observers found that the various purgatives used agreed in producing a copious transudation of watery fluid into the bowel, and this Brieger only admits in the case of the saline and drastic aperients.

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Science.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D.L.R.C.P., LOND
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MONTREAL, DECEMBER, 1878.

Our subscribers will please look at the labels on their paper. *If the date is past please remit.* We beg to state that, as most of our city subscribers have their RECORD delivered direct from the office, labels are not placed on them.

We give in this number of the RECORD a report of a lecture on "the varieties of phthisis," delivered in Montreal, on the 5th of December, by Dr. Andrew Clark, Senior Physician to the London Hospital. Dr. Clark accompanied Her Royal Highness the Princess Louise to Canada, as Medical attendant. During Dr. Clark's stay in Montreal, extending on the first occasion to three days, and upon the occasion of his lecture to two days, he visited our various Medical Institutions and Hospitals, and made the acquaintance of a number of the members of our profession. On the evening of the day of his lecture he was entertained at a public dinner in the magnificent ladies' ordinary of our palatial Windsor Hotel, Dr. G. W. Campbell occupying the chair, and Dr. Rotot, President of the College of Physicians and Surgeons of the Province of Quebec, filling the vice-chair. The entertainment was one of the *most recherché* of its kind that has yet been given at this hotel, and was largely attended. Dr. Clark, in replying to the toast of his health, expressed the great pleasure which he experienced at the very flattering way in which he had been received by his professional brethren. He alluded to a request which had been made to him by a number of the prominent members of the Council of the British Medical Association, that he should, while in Canada, lay before the profession the desirability of forming branch Associations in connection with that great representative of the English Medical profession. He thought that a reciprocal amount of good might be done; the Canadian branches, perhaps, however, doing more good to the British Association than it would be able to reciprocate. Upon this proposition we propose at a future time to express our opinion. The lecture on "the varieties of Phthisis" was an able effort, exceedingly interesting, and proved that

its author had been an earnest and thoughtful worker in that school, from which so many shrink, the *post mortem* room. The attendance of medical men was large, and in addition the students of the three medical schools in Montreal were present in large force. Dr. Clark after a brief visit to New York sailed from that port on the 11th of December for his home, carrying with him, we trust, pleasant memories of his brief visit to the Dominion of Canada, and leaving behind him an impression which we feel certain will be as lasting as it is favorable.

MALTINE.

At the late meeting of the British Medical Association at Bath in August last, among the exhibits of pharmaceutical and medical preparations, much interest was shown in one called *Maltine*, which may be described as a highly concentrated extract of *malted barley, wheat and oats*.

Extracts of malt (*i.e.*, malted barley) are pretty widely known, but this is the first example of a combination of the nutritious principles of these three cereals that we have seen, and the greater value of this combination is apparent, as wheat and oats are especially rich in muscular and fat-producing elements. This preparation is entirely free from the products of fermentation, such as alcohol and carbonic acid, and is very agreeable to the taste. Clinical experience enables us to recommend it as a nutritive and digestive agent, in virtue of its albumenoid contents, and its richness in phosphates and diastase, likely to prove an important remedy in pulmonary affections, debility, many forms of indigestion, imperfect nutrition, and deficient lactation. It will in many cases take the place of cod liver oil and pancreatic emulsions, where these are not readily accepted by the stomach, and we are disposed to believe that Maltine, which is less known here than abroad, is well worthy of practical attention.—*The British Medical Journal*, Oct. 19, 1878.

HUNYADI JÁNOS, AND APOLLINARIS WATER.

These two waters have now for some time been advertised in the RECORD, and for fully a year and a half we have been using them extensively in our practice. We feel therefore that we can from experience express our opinion with regard to them,

The Hunyadi János water is a moderately mild purgative, and has the very great advantage of being administered in comparatively small quantity. Its taste is not disagreeable, being saline with a slight bitterness. All these are advantages which cannot be overlooked when comparing it with other purgative waters which have already been brought to the notice of the profession. Its action is speedy, and is unattended, except in an odd case, with any griping. To persons who may require a periodical aperient we know of none better. It deserves to be very largely used by the profession throughout the Dominion.

The Apollinaris Water is indeed the queen of table waters. It is a natural effervescent mineral water, being bottled directly at the spring near Neuenhar, Prussia. In weak stomachs and in cases of prolonged illness, the refreshing effects of Apollinaris we have seen well marked again and again. It is said to be useful in dyspepsia, rheumatism and biliary calculi. Both these waters can be obtained from any druggist, first-class grocer, or wine merchant.

It is generally known to the medical profession and those interested in bibliography that Dr. John S. Billings, Surg., U. S. A., in charge of the National Medical Library at Washington, is now ready to print his great "National Catalogue of Medical Literature," as soon as Congress grants an appropriation for the purpose. This indexes under subjects, and by authors, books, pamphlets and original papers in nearly all the medical periodicals of the world; including over 400,000 subject entries, and making ten volumes royal 8vo of 1000 pages each. This will be of the greatest value to physicians the world over, as it enables them to find analogues for peculiar and difficult cases, and thus often to save lives. In continuation of this work, it is now proposed to publish monthly, under the editorship of Dr. Billings and of his assistant, Dr. Robert Fletcher, M.R.C.S., a current medical bibliography under the title of the *Index Medicus*. It will be issued by F. Leyboldt, the bibliographic publisher, 37 Park Row, New York, at \$3 per year, and will enter all medical books and index the leading medical journals and transactions in English and other languages. A full list of the latter, numbering over 600, will form a part of the specimen number of the *Index*, soon to be issued.

SCRIBNER FOR JANUARY.

The January *Scribner* has a decided flavor of good cheer. "The Tile Club at Work," by W. M. Laffan, describes the methods of an association of artists and others whose work speaks for itself in the illustrations, which include drawings by E. A. Abbey, (a tiled mantle-piece), W. M. Chase, Hopkinson Smith, Winslow Homer, Alden Weir, Reinhart, Quartley, Wimbridge, Laffan, and Paris, and a tile in relief by O'Donovan, the sculptor. A companion paper, "The Tile Club at Play," is to appear in the midwinter number, with a large variety of illustrations.

The serious side of the holiday season is touched upon in a paper on "Leonardo da Vinci," by Clarence Cook. Among the cuts are two important blocks by Cole: the well-known "Last Supper," and the "Head of Christ," supposed to be a study for its central figure. The "Mona Lisa," by Henry Marsh, is considered to be one of his finest blocks. Detail drawings of the "Last Supper" are given for purposes of comparison with Raphael's "Last Supper" which is also reproduced in whole and in detail. A number of other pictures, drawings of inventions, caricatures, etc., appear through the text. The paper is of a critical-biographical character, and is the first of several by Mr. Cook on the Old Masters. There is also a Christmas ballad, "Biorn the Bold," by Constantina E. Brooks, with a large drawing by Mrs. Mary Hallock Foote, which opens the number.

Of the unillustrated matter there are two stories: "Century Plants," by Miss Isabella T. Hopkins, light and fanciful; and "Ninon," by Miss Annie Porter, a pathetic story of New Orleans. The sixth instalment of Boyesen's "Falconberg"; papers on "College Hazing," by C. F. Thwing; and "The Amendment to the Patent Law," by the Secretary of the Western R. R. Association; and Mr. Bayard Taylor's "Epicedium," on the death of Bryant,—are also given. Other poetry is by R. R. Bowker, Amanda T. Jones, the late Richard Realf, and R. W. Gilder.

In his department, Dr. Holland discusses "Religion in these Days," "Art as a Steady Diet," and "Popular Despotisms." Mrs. Oakley's "Hints to Young Housekeepers" are continued in "Home and Society," the special

topics being the engagement, treatment and duties of servants. "The World's Work" department is especially interesting, and, among the appliances described, are a wonderful "Machine for Measuring Plane Surfaces," a "New Electric Lamp" (others to be described hereafter), "Hydraulic Fire-Escapes," "New Insulated Telegraph Wire," etc., etc. "Bric-à-Brac" is fanciful, numerous and satirical.

By reference to our last number (p. 48) it will be seen that our subscribers, desirous of subscribing to this splendid Magazine, are offered considerable reductions from regular subscription price.

MEDICO-CHIRURGICAL SOCIETY.

NOVEMBER 15TH.

A regular meeting of this Society was held this evening, Dr. Henry Howard, the President, in the chair. There were present Drs. Henry Howard, President, F. W. Campbell, Bell, Ritchie, Molson, Ross, Reddy, McConnell, Guerin, Roddick, Trenholme, Armstrong, Loverin, Blackader, Proudfoot and Edwards.

Minutes of last meeting read and approved.

Dr. C. N. STEVENSON was balloted for, and unanimously elected a member of the Society.

Dr. OSLER exhibited the following pathological specimens:

1st. A portion of liver with microscopic sections from a case of hypertrophic cirrhosis of that organ. The woman, a patient of Dr. Ross in the Montreal General Hospital, was intensely jaundiced, febrile, no ascites. The abdomen was filled with a large liver, which had during her illness been very tender on pressure. Towards the last week of her life, hemorrhagic symptoms had set in the organ weighed seven lbs., very firm and dense, but pale in color, looking fatty. The microscopic sections exhibited showed the lobules uniformly surrounded with connective tissue, and a new growth of the same was very abundant within the lobules separating the liver cells. The case corresponded in many of its chemical and pathological features with the hypertrophic cirrhosis described by recent French writers. Dr. Osler remarked that this was the second case of hypertrophic cirrhosis in the Montreal General Hospital, in neither of which was there any special involvement of the biliary canaliculi described by French writers.

The 2nd case exhibited was in contrast to

the last. It was the ordinary atrophic cirrhosis of the liver. The organ was reduced in size, granular, and hob-nailed. Dr. Ross said this patient had had marked cerebral symptoms. Towards the end there was profuse excretion of urea, and coincident with this, sensibility, which had previously been lost, returned. This lasted for three or four days, but the patient finally died comatose.

The 3rd specimen exhibited was sent to Dr. Osler from Dr. Kerr of Londonderry, N. S. It proved to be a gastric ulcer occupying the lesser curvature of the stomach. The base was thickened, the edges undermined, and on the floor two branches of the pyloric artery were seen ulcerated through. In the zone of the pylorus, but not involving the ring, the coats of the stomach were quite thick. This was due to an hypertrophy of the muscular coats. The history of the case was not forwarded, but it is probable that the patient died of hemorrhages.

The 4th was a set of specimens from a woman brought into the Montreal General Hospital with profuse diarrhoea and vomiting, and died within twenty-four hours after admission. The large intestine was in a condition of advanced ulceration, particularly in the transverse and descending colon. A large tumor, nearly the size of a child's head, occupied the entire pelvis, and on removal with the uterus was found to be in the situation of the right ovary. On section it proved to be a dermoid or piliferous cyst, containing a large quantity of inspicated sebaceous matter mixed with hairs. In the cyst wall near the attachment of the fallopian tube a well-developed tooth was found, and numerous long hairs were attached to various parts of the cyst. In the heart from the same case a remarkably large eustachian valve was present in the right auricle.

Dr. OSLER remarked that these dermoid cysts grow in other places besides the ovaries, showing that they are not extra uterine. A satisfactory explanation of the origin of these tumors has not yet been arrived at.

Dr. HINGSTON said these tumors are sometimes seen in very young children and consequently cannot be extra uterine.

Dr. Ross remarked that the character of the stock on which this tumor grew was interesting, the pedicle was different from that of any ovarian tumor which he had ever seen.

A vote of thanks to Dr. Osler was moved by Dr. Reddy and seconded by Dr. F. W. Campbell, and carried.

Dr. TRENHOLME gave a paper upon the value of the Hodge Pessary in cases of retroflexion of the uterus. He remarked that the value of this instrument was not so much insisted upon as it should be by modern writers upon gynaecology. After reviewing the opinions of various authors, he stated that his experience had led him to give the instrument the first place among the means we possessed for the cure of retroflexion of the uterus. He controverted the idea that the *only* bearing that ought to be allowed for the pessary should be such as the vagina alone can afford, and that in many cases, were this view acted upon, a cure would be impossible, and much of the great value of the support remain unrealized. The mode of the action of the instrument was dwelt upon, viz., that the elevating force of the pessary and the resisting force of the sacrum combined to throw the uterus forward and place it in its natural position in the pelvis. The restored position of the organ allowed the force of gravitation to come to our aid, and we could confidently count upon a cure if we wisely persevered in our treatment. The value of Campbell's method of replacement as a valuable means of assisting in both sustaining the uterus and relieving the pains apt to follow the use of a closely fitting pessary were spoken of and commended.

The different forms of the Hodge Pessary were alluded to, and that modification known as the *Albert Smith*, as the one most likely to meet the expectations of the medical attendant.

The importance of appreciating the pelvic curve so as to form the pessary to suit each case should not be overlooked, otherwise rectal and urethral trouble would be apt to annoy us.

Dr. REDDY stated that the Hodge Pessary, in his opinion, was most valuable. It often had to be altered in shape to suit the case—this is done by heating it. When the pessary cannot be retained, he advised, as his custom, the introduction of small balls of cotton wool dipped in equal parts of oil and glycerine.

Dr. HINGSTON stated that he had no experience of the Hodge Pessary. The difficulty

is in restoring the uterus to its position, not in retaining it. It was his custom some time since to use Simpson's Stem Pessary, but had become dissatisfied with it, as it had on one occasion disappeared, and he experienced great difficulty in removing it. Latterly he had used the Ring Pessary, and was more in favor of it than any other.

Dr. LOVERIN said that there was generally more or less relaxation of the vagina itself. He advised the use of astringents and tonics, treating the vagina rather than the uterus.

Dr. TRENHOLME, in reply, said want of tone in the vagina was a recognized cause of prolapsus uteri. In nine cases out of ten retroflexion was due to hyperplasia of the organ itself. Violent exercise would produce retrorcion ending in retroflexion. He did not favor the bag pessary on the ground that it filled the vagina and interfered with the rectum and bladder. He had found the Ring Pessary powerless in the treatment of these cases, and looked upon the Hodge as the most useful pessary in our possession for the reasons before stated.

Dr. BLACKADER said he had used the Ring Pessary of Salt & Son, Birmingham, and found it a most excellent instrument.

A discussion followed on the subject of small pox, Dr. Hingston remarking that some medical men were most remiss in their duty of reporting cases of small-pox to the Board of Health. Dr. Molson stated that he had experienced much difficulty in gaining admission for patients into the Small-Pox Hospital, and considered the health authorities careless in not properly using disinfectants in cases that demanded it. Dr. Roddick suggested that the present unsightly ambulance for conveying patients to the Hospital should be dispensed with, and something more respectable put in its place.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,

Secretary.

BIRTH.

In Montreal, on the 17th of December, the wife of Dr. J. B. McConnell of a son.

MARRIED.

At the Church of the Good Shepherd (Episcopal), St. Paul, Minn., on the 9th of December, by the Rev. Wm. C. Pope, Archibald S. Campbell, M.D., Brainerd, Minn., to Miss H. O'Connor, Ottawa, Canada.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

ESERINE.

Compiled from various sources by

HENRY R. GRAY, MONTREAL.*

In 1863, it was discovered that the poisonous nature of calabar bean depended upon an alkaloid to which the name physostigmine was given. Jobst and Hesse, the discoverers, produced it in the form of an amorphous mass, alkaline, soluble in much water, and on exposure its aqueous solution became red.

In 1865, Hesse obtained it perfectly colorless and *tasteless*, and gave its chemical formula.

In 1867 Vée and Leven prepared an alkaloid from the bean which they named Eserine. This alkaloid differs from Hesse's in forming rhomboidal tabular crystals of a *bitter taste*, melting at 90°C., and combining with acids to form soluble salts, which are hygroscopic and non-crystalline as a rule. It is assumed by most writers that Eserine is only the pure form of what Jobst and Hesse called physostigmine, but in Flückiger & Hanbury's *Pharmacographia* it is stated that "we feel hardly warranted in admitting the identity of the two substances."

The following is the method of preparing the alkaloid of calabar bean, as recommended by a Commission on "Standard Formulas" appointed by the Pharmaceutical Society of Paris.

Exhaust powdered calabar beans mixed with 1 per cent of tartaric acid by means of repeated digestion and percolation, with hot alcohol (about three times the weight of powder for each digestion). Distil most of the alcohol off, filter the remainder, and heat on a water bath until all the alcohol has been dissipated. When cold, add a small quantity of distilled water and filter to separate resinous matter. Shake the filtered liquid with several portions of washed ether, until the latter ceases to become colored. Now add to the aqueous liquid remaining a slight excess of bicarbonate of potassium, again shake several times with ether, unite the ethereal solutions, and allow to evaporate spontaneously, when the Eseria will be left behind in crystals, which are rendered pure by a second crystallization.

Bromhydrate of Eseria is prepared by dissolving the foregoing alkaloid in colorless bromhydric acid, and evaporating to a syrupy consistence. In a few days fibrous, slightly colored,

but not deliquescent crystals make their appearance.

The bromhydrate being the only non-deliquescent crystalline salt of Eserine, and possessing equally with the others the power of contracting the pupil, will doubtless be the one most employed by oculists.

The neutral sulphate, which is the only salt obtainable commercially as yet, is prepared by *exactly* saturating a given quantity of Eserine with a solution of sulphuric acid (one part to nine), and immediately evaporating to dryness. This salt, although it is generally said to be amorphous, may with considerable difficulty be obtained crystalline. It is generally in the form of yellowish and sometimes reddish brown masses. A sample before the writer from Merck is in a dark colored mass, about the color of pale socotrine aloes and only slightly deliquescent. Another, freshly opened from I. Darrasse & Co., Paris, resembles the above, but is nearly as dark as gum guaiacum, and is slightly more deliquescent than Merck's, while a sample from the pharmacy of Dr. Vée, of Paris, made by his successor H. Dusquencel, and freshly opened, resembles amber rosin when reduced to coarse powder, the small particles having a shining fracture, and although examined during very damp weather appears very slightly hygroscopic. Its solution is colorless while the other samples are of a pale straw tint and even darker in the case of Darrasse's.

The position in the list of therapeutic agents to be assigned to the Salts of Eserine is hardly as yet determined. That they possess invaluable properties when administered hypodermically in tetanus has been demonstrated, but whether they can claim any advantage over the very efficient extract of the *Pharmacopœia*, which may perhaps contain other active principles of the bean, remains to be proved.

The dose of the sulphate is 1-64 of a grain internally.

Dr. Desjardins, oculist to the Hôtel Dieu, and Dr. Buller, oculist to the Montreal General Hospital, both speak in the highest terms of the great value of Eserine in eye diseases. Dr. Buller uses the sulphate in the proportion of 4 grains to one ounce of distilled water, and states "that there are several important diseases of the eye in which its action is very beneficial."

Dr. Desjardins is of opinion, from an extended experience of this remedy, that it is not only valuable as *myotique*, but it is one of the best remedies for deep-seated ulcers and large abscesses on the cornea; he also adds that it possesses great advantages over atropine after operations for cataract.

The great drawback to an extended use of this valuable therapeutic agent is its great price. As the demand increases this objection will gradually disappear.

* The writer is indebted to the "Proceedings of the American Pharmaceutical Association for 1877;" *Chemist and Druggist*, London; *New Remedies*, New York, and Flückiger & Hanbury's *Pharmacographia*.

THE LATE MR. BENJAMIN LYMAN.—It is our painful duty to announce the rather the sudden demise of an old, well-known and greatly respected citizen of Montreal. Mr. Benjamin Lyman, senior member of the widely-known firm of Lymans, Clare & Co., of this city, and of Lymans Brothers, of Toronto, wholesale chemists and druggists, was the lamented gentleman in question. He died in Toronto, at midnight, last Thursday (5th inst.,) night, of inflammation of the lungs, with which he had been ill only about a week. He was in that city in connection with the business of the branch establishment, and intended to come home to be present at the viceregal reception, but, falling ill, was unable to do so. His decease is a great shock to his family and friends, whose loss is irreparable.

Mr. Lyman's history is in a very large degree that of the city of Montreal for the past half-century. Born in Derby, Vermont State, in 1810, when a young boy came with his parents to Montreal, where he had resided ever since. His business began and closed in connection with the house of which he was the able head at the time of his death, and which was established by his uncle, Dr. M. J. Lyman, in 1803; it was a very successful and honorable career. As senior partner of the firm he was the successor of his eldest brother, the late Mr. William Lyman, and his only remaining brother, Mr. Henry Lyman, will now, doubtless, succeed the deceased in that position. His two sons are also connected with the establishment, namely Charles, in this city, and Edwin, in Toronto. The deceased was a director of the Federal Bank of Canada. He was one of the founders of the Mount Royal Cemetery and President of the Company that owns it. His father, Mr. Elisha Lyman, was one of the founders of the American Presbyterian congregation in this city in 1822, and Mr. Benjamin Lyman was a member from the first, and for many years before he died an elder and a trustee. He was a leading promoter of the Montreal Auxiliary Bible Society and of the Montreal Temperance Society, and was also active in the promotion of nearly all benevolent enterprises in this city. He was a man of the kindest and most sympathetic nature, and exceedingly generous in response to every call for help to the needy. He organized, about 1840, and was Captain of the Union Fire Company, and was for twelve or fifteen years a member of the City Corporation. He commanded the efficient 5th company of Montreal Rifles—known as "The Cold Water Company"—which did service as volunteers in 1837-38. Mr. Lyman was one of a family of nine children, only two of whom survive him, namely, Mr. Henry Lyman and Mrs. Mills, of London, formerly of Montreal. He leaves a wife, two sons and two daughters, and a host

of intimate friends to mourn his loss.—*Montreal Daily Witness*.

FUNERAL OF MR. BENJAMIN LYMAN.—The funeral of Mr. Benjamin Lyman, of Lymans, Clare & Co., took place this afternoon from his residence, No. 714 Lagachetiere Street. The ceremony throughout was a most imposing one, and the procession of mourners on foot and in carriages, which consisted of the leading business and professional men of the city, reached at one time from the Windsor Hotel to Beaver Hall square. The top of the coffin was covered with white exotics tastefully arranged. The pallbearers were Hon. L. H. Holton, Messrs. E. F. Ames, S. H. May, Geo. W. Reid, H. A. Nelson, M.P.P., Thos. Workman and Henry Mulholland. The church was draped in black, and Rev. G. H. Wells read the service used in the American Presbyterian Church. At the conclusion of the service the cortège was reformed and proceeded to Mount Royal Cemetery, where the body was interred.—*Evening Star*.

RESEARCHES ON THE TREE WHICH PRODUCES "GOA" POWDER.—(Dr. Da Silva Lima.) The author has received the following information from Dr. Ramiro A. Monteiro:

"The tree which yields the Araroba or Goa powder is known in the districts where this industry flourishes, under the name *Angelim amargosa* ("bitter angelim"). The word *angelim* is not now understood. The tree belongs to the nat. ord. Leguminosæ; and the appellation "bitter" arises from the fact that the ligneous portion resembles good cinchona in flavor and bitterness. It is found in company with another tree belonging probably to the same genus, namely, *Andira anthelmintica* Benth., which has anthelmintic properties. There is also an *angelim doce* ("sweet angelim," *Andira vermifuga*) and an *Angelim pedra* (*Andira spectabilis*)."

The araroba tree occurs abundantly in the forests of Camamu, Igrapiuna, Santarem, Tape-roa, and Valença of the province of Bahia. It attains a very large size, one to two metres in diameter, and twenty to thirty metres in height.

The Goa powder is contained in more or less narrow fissures and chinks in the ligneous portion, running mostly through the whole length of the trunk, and becoming narrower above. It is customary to cut down the tree, to saw it into sections, and then to split the blocks open in the direction of the fissures, when the powder is readily obtained. There is scarcely any doubt that the original tree is either an *Andira* or a *Cesalpinia*.—*L'Union Pharmaceutique*.

TOXIC EFFECTS OF THE BROMIDES.—Dr. E. T. Easley, of Little Rock, Ark., writes to the *Amer. Med. Weekly* an account of a case in which $\frac{5}{3}$ iij. instead of 3 iij. of bromide of potassium was order-

ed for a patient suffering from epileptic convulsions of a particularly severe character. The convulsions were not entirely arrested by the amount taken (quantity not stated), but intense bromism was produced, the symptoms of which Dr. Easley summarizes thus: The tongue was thickened; slowly and partially protruded by great effort, and covered with a thick, tenacious secretion. 2. The articulation was drawling, difficult, and imperfect. When a question was asked, the answer would be intelligent as far as it went, but it would frequently break off in the middle of a sentence. If the patient were again aroused when this occurred and the interrogatory repeated, she probably would reply as if vexed: "Well, I have told you." 3. The heart-pulsations were diminished in force and frequency, the pulse falling as low as 60, the temperature to 80°. Respiration, without the stertor of opium-poisoning, was slow and easy. The breath was not only fetid, but nauseous, the nausea peculiar to bromism, and which cannot be well described. 4. The pupils were dilated, the lids of the eyes heavy and opened with difficulty. When shaken and desired to do so, patient would make the effort, and the voluntary elevator muscles could be seen to strain before accomplishing their function. 5. Constipation, which is the rule under such circumstances, attended in the present instance. Hammond says diarrhoea occurs in rare cases. 6. The kidneys acted freely, and the patient's safety is perhaps due to the rapid elimination of the drug by these organs. The eruption mentioned by some writers was not observed in this case, and the patient made a good recovery.

NEURINE.—This alkaloid, existing in the yolk of egg and in bile, has lately been used with good success in diphtheria, and deserved to be further studied. Neurine has been variously identified heretofore with choline, sinkaline, trimethyl-oxyethyl-ammonium-hydroxide, hydroxethylen-trimethyl-ammonium-hydrate. It has, however, been recognized as trimethyl-vinylammonium-hydroxide: $3 \text{ CH}_3 \cdot \text{NC}_2 \text{H}_3 \cdot \text{HO}$ or $\text{C}_5\text{H}_{13}\text{NO}$; and it is regarded as identical with amantine, a non-poisonous alkaloid, occurring in certain poisonous mushrooms. Its mode of preparation is the following:

From Eggs.—Yolk of egg is extracted by shaking with ether, the residue is once more extracted with warm alcohol, the ethereal and alcoholic solutions are mixed together and distilled, and the residue in the flask boiled for one hour with excess of solution of baryta. The latter having been precipitated by passing carbonic acid through the mixture, the whole is filtered, the filtrate evaporated at about 80° C. to the consistence of syrup, and extracted with absolute alcohol. The alcoholic solution is then precipitated by platinum chloride, whereby a double chloride of neurine and platinum, insoluble in strong alcohol, is produced. This is collected, dissolved in water, the platinum precipitated by sulphydric acid, and the filtrate evaporated to a syrup, or dried over sulphuric acid in vacuo, or else dissolved in absolute

alcohol and covered by a layer of ether. In either case the product is crystallized neurine hydrochlorate. This is then dissolved in water and macerated with freshly-precipitated silver oxide, to remove the chlorine. The filtrate, evaporated on the water-bath or, better, dried over sulphuric acid, yields pure neurine.

From Bile.—Bile is boiled with baryta solution in excess, the solution filtered, the filtrate again boiled for twelve hours with baryta-water, then mixed with dilute sulphuric acid, as long as any precipitate is produced, concentrated on the waterbath, and mixed gradually with sulphuric acid, as long as vapors of hydrochloric acid escape. The mass is then extracted with alcohol, the alcoholic solution evaporated, the residue boiled with moist oxide of lead, the filtrate deprived of lead by sulphydric acid, evaporated, and the residue dissolved in absolute alcohol, and, when necessary, filtered. It is then precipitated with platinum chloride and further treated as above stated.

Properties.—Neurine is a colorless, syrupy, hygroscopic, alkaline liquid, which absorbs carbonic acid from the air, and is converted into a carbonate. It is soluble in all proportions in water and alcohol. On boiling its aqueous solution, it is decomposed into trimethylamia and glycol. With acids it forms partly crystallizable, partly deliquescent salts. The hydrochlorate is best prepared by mixing the double chloride of neurine and platinum with potassium chloride and exhausting the dry mass with absolute alcohol. On heating anhydrous neurine hydrochlorate with very concentrated nitric acid in a glycerin-bath, it is converted into the poisonous alkaloid muscarine (naturally occurring in poisonous mushrooms), and vapors of nitrous acid escape.

Tests of Purity.—Neurine, as obtained generally from (the lecithine of the) yolk of eggs, should form a clear solution in water and alcohol, and the solution should be strongly alkaline. On mixing 1 gram of it with 0.6 grams of powdered oxalic acid, only a trace of carbonic acid should be given off, and, after heating in the water-bath and cooling, a solid saline mass should remain. Viscosity would point to some adulteration, most likely glycerin. On heating it in a small retort, trimethylamia distills over.

Further reports on its use in diphtheria are shortly to be expected.—*Pharm. Centralb.*

TREATMENT OF BOILS—NOTE ON A NEW PROPERTY OF ARNICA.—As the result of physiological experiments, Dr. Planat (*Lyon Medical*) has been led to the use of arnica in all cases of superficial acute inflammation, as furuncles, anginas, erysipelas, etc. He states that arnica aborts all furuncular eruptions, except those accompanied by diabetes, with remarkable promptness.

ON PELLETIERIA,* AN ALKALOID OF POMEGRANATE BARK.—Mr. Tanret has discovered in the bark of the branches and roots of the pomegranate a volatile alkaloid, to which he has given the name *pelletieria*, in honor of the well-known chemist, Pelletier. The alkaloid may be obtained by the following process: Pomegranate bark, from the branches and roots, is reduced to a coarse powder, the latter moistened with a rather thick milk of lime, and packed in a displacement apparatus. It is then treated with water, and the percolate divided into two portions, each of which is several times shaken with chloroform. The latter, after being separated, is treated with dilute acid, and the slightly acidulous aqueous solution is evaporated, when the crystalline salt of the alkaloid will remain behind. This may be obtained pure, by decomposing the salt with potassium carbonate, and dissolving the alkaloid out with ether or chloroform. On evaporating the latter solution at a low temperature, or even on distilling off the ether or chloroform, the pure substance is left as a residue. One kilo of the dry bark yields about four grams of sulphate of pelletieria.

Pure pelletieria is oleaginous, colorless, and volatile (boiling about 180° C.) It emits vapors at ordinary temperature, and is very soluble in water, alcohol, ether, and chloroform. The sulphate, muriate, and nitrate are crystallizable, but exceedingly hygroscopic. It is precipitated by most of the alkaloidal reagents. Whether the tænicidal properties of the pomegranate-bark are due to this alkaloid remains to be shown by further researches, which are promised by the author.—*Répert. de Pharm.*, 1878, 241.

LACTOPEPTINE.—This is a preparation which is acquiring no little reputation in the profession. It is composed of pepsin, pancreatine, diastase or vegetable ptyalin, lactic and hydrochloric acids, and sugar of milk. It is said to digest three or four times more coagulated albumen than any preparation of pepsin in the market. It has been found to be an excellent remedy in gastritis, chronic dyspepsia, in the diarrhoea and dysentery of children, in the vomiting of pregnancy, etc. It has received much praise, indeed, in the wasting diseases of children, which is attended largely with improper digestion of food. We feel confident that our friends will be pleased by a fair trial of it, and we hope they will make such, and some of them furnish us with a report.—*Cincinnati Medical News*, February, 1878.

SALICYLIC ACID AND BORAX.—It may be interesting and perhaps useful for some readers of the *Journal* to know that while a solution containing ten grains of salicylic acid and ten grains of borax in one ounce of water has a very

bitter taste and an acid reaction, a solution containing ten grains of salicylic acid and fifteen grains of borax has no disagreeable taste, and is nearly neutral. This solution appears to possess all the valuable properties of salicylic acid, and forms an agreeable means of using the acid internally or as a gargle.—*London Pharm. Jour.*

CHROMACOME.—This is a French preparation which "contains nothing injurious to health." This hair dye consists of two fluids. The first, "Le chromacome, teinture supérieure de William W. A. T., No. 1, Bonn," weighing about forty-five grammes, is tincture of galls. The other, No. 2, is a solution of acetate of iron with a little nitrate of silver. When gray hair is moistened first with No. 1, then with No. 2, it becomes blackish-brown or black. Terreur, hairdresser, 117 and 119 Rue Montmartre, Paris, is the chief agent for this preparation.—*Schadler*.

ANOTHER MRS. PARTINGTON.—A lady quite well known in Philadelphia, who spent the summer at Newport this year, asked her physician (also a well-known Philadelphian), if he did not think the atmosphere of Newport enervating? The physician assured her that his opinion was quite the contrary, that he considered it decidedly tonic. "Do you, really?" was her rejoinder. "It seems to me as if there is not enough *sozodont* in the atmosphere!"

TABLE SALT IN MILK FOR CHILDREN.—Dr. J. Q. Smith says that, when cow's milk disagrees with young children, the addition of a small quantity of table-salt will often correct the difficulty.—*New Medicines*.

A Great School of Pharmacy is being constructed in a portion of the grounds attached to the Luxembourg at Paris which will occupy in all the large space of 17,000 square yards, of which the laboratories will accommodate 600 working students. The school will be open in 1880.—*Boston Journal of Chemistry*.

CHILIAN SULPHUR.—Sulphur in immense quantity has been discovered in Chillan. The quality is so fine it is said to require only to be ground and sifted to be ready for market.

CANADA BALSAM AS AN EXCIPIENT FOR PILLS.—Dannecey proposes, as an excipient that will preserve pills for an indefinite period, a mixture of one part of wax and three of Canada Balsam.—*Boston Journal of Chemistry*.

MORPHIA POISONING.—The *Philadelphia Medical and Surgical Reporter* states that a death has occurred at Washington from the hypodermic injection of one-sixth of a grain of morphia. This is, perhaps, the smallest fatal dose recorded.

PERMANGANATE of potash relieves the condition in which lumbar pain, frequent micturition, and urine with profuse brickdust sediment and intestinal indigestion, are associated symptoms.

* In place of this awkward name, Dr. Hager proposes the much more rational name *punicine* (punicia).

The Canada Medical Record.

MONTREAL, JANUARY, 1879.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Animal Vaccination. By W. E. Bessey, M.D. (Read before the Medico-Chirurgical Society, Montreal, Dec. 27, 1878).....85

PROGRESS OF MEDICAL SCIENCE.

PAGE

Treatment of Obstinate Vomiting during Pregnancy by Dilatation of the Cervix Uteri, 96. Pyrogallie Acid in Psoriasis, Dr. A. Jurisch, 96. Poulitices, 97. Dislocation of Muscles and their Treatment, 97. The Treatment of Sea-Sickness, 97. Treatment of Obstinate Sciatica by Subcutaneous Injections of Nitrate of Silver, 97. Spinal Irritation, from Dr. McCall Anderson's "Clinical Medicine," 98. Examination of the Throat and

Posterior Nares, 98. Chinese Medicine and Surgery, 99. The Respirator as a Preventive of Coughs and Colds, 100. Table Salt in Milk for Children, 100. To stop the Nose-Bleed, 100. Intestinal Obstruction, 101. Treatment of Obesity by Arsenic, 101. Some Remedies to Ease the Pain of Uterine Cancer, 102. Post-Partum Hemorrhage, 102. The Urine of the Insane, 102. On the Employment of Lister's Method in the Treatment of Burns, 102. Dr. Seaton on Re-vaccination, 102. For Mosquito Bites, 102. Chronic Varicose Ulcers, 102. Sclerotomy in Glaucoma, 103. On the use of Arsenic as a Blood and Cardiac Tonic, 103. Muriate of Calcium as a Therapeutic Agent, 103. Treatment of Asthma by Iodide-of-Potassium Spray, 104. Thumb-

Sucking and Irregular Teeth, 104. Epilepsy, 104. The Pith of Dried Corn Stalk as a Uterine Tent, 104. Oxide of Zinc in Diarrhoea, 104. Iodoform in Eye Diseases, 105. Treatment of Obstinate Hiccough by Pilocarpine, 105. Removal of Moles upon the Face.....105

EDITORIAL.

PAGE

To Subscribers, 105. The Specimen Copy Nuisance, 105. Canada Vine Growers' Association, 105. Women's Hospital, Montreal, 105. Personal, 106. Obituary, 106. Extract of Malt, 106. Current Literature, 107. Medical Alumni Association of Bishop's College, 107. Lunatic Asylums in the Province of Quebec, 108. Curious if True, 108. Phthisis in Australia, 108. Births and Deaths.....108

PHARMACEUTICAL DEPARTMENT.

Original Communications.

Animal Vaccination. By W. E. BESSEY, M.D.
(Read before the Medico-Chirurgical Society, Montreal,
Dec. 27, 1878.)

MR. PRESIDENT AND GENTLEMEN,—The vast importance of the subject of *vaccination* as a prophylactic measure against the contagion of small-pox must be my apology for troubling you with a paper upon such an old and familiar, yet far from threadbare subject. A full discussion of the subject of *animal vaccination* would involve a consideration or retrospect of the whole history of vaccination. This I shall not attempt to do. Neither have I set myself the task of producing a mere technical paper on the vaccination of animals; but I intend to lay before you some considerations in favor of *animal vaccination* in contrast with *humanized vaccination*, or, in other words, to advocate the performance of all vaccinations with *virus* obtained by direct transmission from heifer to heifer, for reasons that are sufficiently weighty to deserve the cordial consideration of the profession. We are, in this city, brought face to face with an influential and wily antagonist to the practice of vaccination, as a prophylactic against small-pox, and I am sorry to be obliged to say, that in my humble opinion the profession are much to blame, by the indifferent manner in which much of this work has been done in the past, for the accidents and arguments which have been placed at the disposal of those opposed to the practice.

These accidents I may enumerate as follows: First, the frequent occurrence of erysipelas as the immediate sequel of the operation, sometimes ending in death. The frequency with which skin eruptions of a doubtful character have succeeded the use of human-

ized virus. The frequency with which small-pox has followed vaccination by long humanized virus, indeed to such an extent as to have caused certain portions of the community to regard it as no preventive whatever. The popular belief is latent constitutional diseases or tendencies, such as scrofula, &c., have been aroused into action, and enfeebled health has too often resulted, from careless vaccination although I think this danger has been much overrated. The *positive* proofs however of the transmission of syphilis by this means, are among some of the considerations which require that we should pause and consider what have been the defects in the practice which could have occasioned such untoward events; and, whether, the principle of the antagonism of a specific contagion against subsequent incursions of a like contagion in the animal organism for the rest of life, supposed to have been well established in pathological science, should be reconsidered.

The medical philosopher, Jenner, in contemplating the fact that the modifications which the system undergoes in the reception of measles, scarlatina, and other contagious fevers, is protective of the individual against these several specific contagions for the rest of life; in conjunction with the well-known immunity from the contagion of small-pox conferred by the spontaneous vaccination upon the hands of the servants engaged in milking animals affected with the cow-pox,—led him to perceive in cow-pox, *small-pox* in its mildest possible form, or in other words that pox was pox, one and the same, no matter upon what animal it might make its appearance, and only modified in character and severity by the animal through which it happened to be transmitted.

This, gentlemen, I need hardly add, is the patho-

logical creed to which I hold. A century has almost passed away since Jenner in 1798 first published his discovery, and the medical profession is seen engaged in considering the imperfections of our present means of defence against small-pox. It is seen that the general principle already announced, that "the invasion of a contagious disease is protection against subsequent attacks of the same disease," is quite correct, yet that from some imperfection in the application of the prophylactic, or from some peculiar idiosyncrasies of the system in individuals, secondary attacks of small-pox do occur, and attacks of small-pox subsequent to vaccination are very uncomfortably frequent. This latter has led to the supposition that *vaccination* gradually loses its protective influence over the system, hence as a remedy, re-vaccination has been wisely recommended. Instead, however, of going back to the position of admitting the imperfection of the principle upon which the practice is based, namely, the fact that "it has been found impossible to infect with small-pox virus persons who have spontaneously contracted the vaccinia disease upon their hands in milking, or who have been artificially impregnated with the vaccine virus of the cow or horse;" the question has occurred to my mind whether, as "a thing half done is never done," and that "whatever is worth doing at all is worth doing well," it would not be better to use every means to render our practice of vaccination *perfect*, and in this way confer a degree of protection commensurate with the exigencies of the case and in proportion to the confidence placed in it. It is hardly necessary for me to say that I am an implicit believer in the perfect protection afforded by *perfect vaccination*." I may quote the much respected and worthy Dean of McGill College, Dr. Campbell, as entertaining the same view. His statement to me was in these words: "I have been vaccinating for over forty years, and I have never had an accident; and I have yet to learn of a single person whom I have vaccinated having taken small-pox afterwards." Also Dr. Trudel, the worthy Dean of Victoria College, said to me: "I have been using the stock of vaccine which I possess for the last forty years, and I have never had an accident of any kind; nor am I aware of an individual having taken small-pox whom I had vaccinated. I collect and preserve my own vaccine." What original source this lymph is from I have been unable to ascertain.

The experience just narrated of Drs. Campbell and Trudel, show, in my opinion, what results may be

expected from properly performed vaccination, with carefully selected virus.

If we go back to the original statements of Dr. Jenner, in 1798, we may find a clue to many of the defects which have been observed to result from vaccination since his time. In my researches of the literature on the subject, which is most voluminous, I find the earliest notice of the *cow-pox*, and its supposed powers in preventing the infection of small-pox, was found by Mr. Steinbeck to exist in a periodical work published at Gottingen in the year 1769. By this it appears the people of that country who had received the cow-pox, flattered themselves, that thereby they were secured against the infection of small-pox—a circumstance that does not appear to have arrested the attention of the physicians of Germany. It has also been asserted by a Dr. Barry of Cork that the cow-pox has been known in Ireland from time immemorial; and in the neighborhood of Cork it has been called *shinach*, a term belonging to the ancient language of the country, which has been applied to the disease as far back as oral testimony can be carried.

THE COW-POX DISEASE,—which the weight of evidence, including numerous experiments and observations, goes to prove is identical with and only a modified form of small-pox—appears to have been familiar to the rural population of most counties in England long prior to Jenner's first experiments with it, particularly in Dorsetshire and Gloucestershire. And there, as from my own personal knowledge among the rural populations of Ontario, my native Province of Canada, the people reposed the fullest confidence, in the *presumption*, that those who had been spontaneously or accidentally affected with cow-pox, were thereby rendered proof against any future attack of small-pox.

I find a statement on record, also, to the effect that twenty years previous to Jenner's experiments, one Benjamin Jesty, of Downshay, Dorsetshire, had made the experiment of vaccination upon his wife and two sons with virus from a cow affected with cow-pox, in 1774. This record is taken from a memorial tablet of the gentleman, who was a layman, in the churchyard of the village of Worth, which, among other things, states that he was "particularly noted for having been the first known person that had introduced the cow-pox by inoculation." The *vox populi* in this matter seems to have been taken by Jenner, (then resident at Berkley in Gloucestershire) to have been the *vox Dei*, as it has often been in other things, and, catching the inspiration, he was led to make

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some experiments with the matter of the cow-pox, the results of which he published in 1798.

The morning of the 14th of May, 1796, was a glorious one for *preventive medicine*, for that may be taken to have been the birth-day of vaccination. On that day virus was taken from the hand of a milk-maid named Sarah Nelmes, who had been infected while milking her master's cows, and inserted by two superficial incisions into the arms of a boy named James Phipps or Philips, aged about 8 years. He went through the disease in a regular and satisfactory manner. The most agitating part of the trial still remained to be performed, for the point of greatest moment to Dr. Jenner was to ascertain whether he was free from the influence of the contagion of small-pox, which was put fairly to the issue on the 1st of the following July, or nearly three months later. Small-pox virus, taken immediately and direct from a small-pox pustule, was carefully inserted by several incisions, without producing infection. By this one experiment a law was established, which the experience of millions upon millions of the human family in subsequent generations has only served to strengthen. And yet, notwithstanding that these experiments have since been repeated upon about 4,000 vaccinated individuals by Dr. Woodville, and upon about sixty by Dr. Pearson in England, and on a smaller scale by Dr. Duncan Stewart in India; by M. Chaussier, Pinel, Hasson, Salmade, Jadelot, and others in France, with the same negative results, in every instance, that were originally obtained by Jenner; there are those among our French compatriots, and in our profession, who affect to disbelieve, or fail altogether to see, the truth, simplicity and beauty of that beneficent pathological law. But, as has been said, "There's none so blind as those who will not see."

The special advantages of cow-pox over small-pox inoculation claimed by Jenner were: *First*. Its uniform mildness, "that, out of two thousand vaccinated with the cow-pox, not one died, and therefore might be practiced in all ages with safety.

Second. It is not communicable by effluvia. Therefore any part of the family may be infected without affecting the rest.

Third. It does not disfigure the skin; and

Fourth. Requiring no medical attendance, it may be practised by any intelligent person—advantages of great value as compared with the dangers attendant upon the old practice of inoculation. Jenner was very explicit in directing that special care should be used in the details of the operation in order to ensure success details it would be well if many

modern practitioners would take the pains to follow. He says, for instance, "Care should be taken that matter be collected from *genuine cow-pox pustules* only, and before it begins to scab, or the matter becomes opaque and thick and the system be affected; for, if the matter does not enter the system, the patient will be liable to small-pox—," a result which I have little doubt frequently follows. In such cases there is little or no constitutional disturbance or fever, and the vesicle exhibits an imperfectly developed or abortive character.

"From inattention to these particulars," observes Jenner, "it has been suspected that the reports of the small-pox succeeding the cow-pox inoculation have arisen; for, *unless the matter be genuine* and the *constitution be infected*, the person cannot be secured against the small-pox contagion. It may happen that the inflammation excited by the inoculation with genuine cow-pox matter may remain local, *i. e.*, the inflammation may go on so as to form a pustule, without any portion of the matter being taken up into the system, when, of course, the subject must still be liable to small-pox infection. The same may occur from inoculation with small-pox matter."

The whole subject resolves itself under three pertinent queries:—

First.—Has vaccination, as a protective measure against small-pox, established a claim to confidence?

Second.—Is it an operation so harmless as to commend itself to our acceptance, or is it encompassed with dangers?

Third.—Have we any means that will guard us against the dangers attended upon vaccination, or secure to our patients the fullest measure of the prophylactic power conferred by it, equal or superior to a resort to the exclusive use of vaccine lymph obtained by direct transmission of spontaneously occurring cow-pox from heifer to heifer, or in other words by *animal vaccination*?

The best reply at our disposal to give to the first question is an appeal to facts, and the experience of the profession for the past 75 years.

The 539 replies received by Mr. Simon in 1856, including the names of the most eminent men of the day, as to the general value of vaccination, are sufficient to establish the favorable opinion entertained by the profession on this subject.

The bare fact alone, that confidence is generally imposed in vaccination by the most enlightened, the best educated, and best informed classes and communities; people whose faculty of observation is too astute to allow of their being misled by sophistry, or deceived

by false assumption, is in itself *prima facie* evidence that it has been fairly earned, and has not been misplaced.

This is a scientific period in which fact and experience reign supreme, and dogma and opinion take second place.

The sanguine hopes of Dr. Jenner, that "the annihilation of small-pox, the most dreadful scourge of the human species, must be the final result of the practice of vaccination," has not, and is not likely to be realized. But, that the practice of vaccination is worthy of confidence as a protection against small-pox; while the fact that the protection it affords is neither unconditional nor unlimited; but, that many of the conditions upon which it depends are under the control of ourselves; are self-evident propositions.

The first and most conclusive proof, in fact the only unexceptionable test which can be applied to an individual to show the degree of protection afforded by their having undergone the *vaccine disease*, is the "*inoculation test*" applied by Jenner himself and his early followers. What test could have been devised, more satisfactory, and more free from exception, than the direct introduction of small-pox virus, one cannot conceive; as no question can arise as to whether or not the vaccinated individual has been subjected to exposure to the influence of the contagion. I learn from the records of the early vaccinators that they were in the habit of taking great pains to give small-pox by contagion to persons who had recently been vaccinated; but invariably without success. Dr. Woodville, physician to the Small-Pox and Inoculation Hospital in 1799, finding a milkmaid who had become infected with cow-pox in a dairy in Gray's-Inn, inoculated seven persons by a single puncture from the teat of the cow, and subsequently endeavored fruitlessly to impart small-pox to them, both by inoculating the virus and by exposing them freely to the contagion. And, within two years, he transmitted the disease to 7,500 persons successively, one half of whom were subsequently inoculated with variolous matter without success. Dr. Pearson's experiments were upon sixty vaccinated individuals in 1804, but without imparting the disease; and in France, several physicians applied the *inoculation test* unsuccessfully. In India, also, I find that in 1841 Assistant Surgeon Russel inoculated with small-pox six natives who had been previously vaccinated, without success.

This test has always been regarded as the *experimentum crucis*, and may safely be undertaken in any case where animal virus, or virus of a

recent remove from the animal, has been used, and the patient has gone regularly through the several stages of the disease. Moreover, I believe it to be the duty of the profession to invite this trial, as the surest possible way of overturning the antagonism of the anti-vaccinationists, and restoring confidence among the public.

This has been disturbed on two points: first, as to the protective power of vaccination; and second, as to the purity of the lymph in use; and the danger arising from erysipelas, syphilis, &c., from which it does appear, that the second query demands a reply in the affirmative. This danger can be effectually provided against by the use of animal virus in preference to the humanized, and the former difficulty can be got over by the prompt application of the *inoculation test*, which should satisfy the most sceptical.

That there is no means open to us, whereby we may so effectually guard vaccine lymph against degeneration, and the possible contamination with blood taints of constitutional diseases, as by animal transmission, is not only *prima facie* self evident, but this view is endorsed by some of the finest minds in the profession.

UPON WHAT HYPOTHESIS CAN POST-VACCINAL CASES OF SMALL-POX BE EXPLAINED.

Vaccinia is but one member of a group of exanthems among which *non-recurrence* is the rule, and a second attack in the life-time the exception; and another is *small-pox*; with which *vaccinia*, as one of the varioloid maladies, has the very closest relationships; so close, that the vaccine disease, when undergone destroys that in the human system which imparts to it the capability of developing *vaccinia*.

Now, the rule is that small-pox only occurs once in a life-time, yet secondary attacks are frequently met with in every recurring epidemic. The rule is that one attack of small-pox destroys for a life-time the receptivity of the system for the same disease, but not always.

Dr. Jenner mentions a Mrs. Grinnet as having had the small-pox five times. Dr. Baron mentions a surgeon who was so susceptible that he could not attend a case of small-pox without taking the disease. Mr. Simon narrates a case on the authority of Mr. Baker that was severely pitted in two attacks, and a Mr. Inhausen gives a narrative of a lady who was pitted and scarred up in three successive attacks; also two years ago I lost a patient sent to Small-Pox

Hospital with a second attack; and I have heard of several other cases.

If, then, says Ballard, an attack of small-pox—which is a disease natural to man—does not always, even when severe, destroy forever the receptivity of the individual suffering it; it can surely be no matter of surprise, that, in occasional instances, vaccinia—a disease foreign to men—should fail to effect that which an attack of small-pox, itself, does not always accomplish.

But, it is asserted that if vaccination does not invariably confer immunity from an attack of small-pox, it renders it less severe, by exercising a most marked modifying influence over the progress and issue of the disorder.

But, again, there are some conditions on which the protective power of vaccination depends which are under our own control; then, what are these?

First, then, it is within our own power to secure perfect vaccination, in other words, to secure the fullest protective power of the vaccine disease, and this depends upon the perfection of its development as an exanthematous disease; upon the closeness of the similarity it exhibits to small-pox in its process of development, in truth, upon the perfection of the substitution.

The production of a *perfect vesicle* is alone insufficient without the constitutional disturbance, both are equally important, because both are pathologically associated. The *areola* indicates the incapability of the system to undergo further impression, and the development of the *vaccinal fever* and *areola* indicate that the system has become fortified against the receptivity of *small-pox virus*, even by inoculation, at any future time.

As to the local phenomena, the fulness of the eruption and the number and character of the vaccine vesicles are to be considered.

The degree in which protection from small-pox depends upon the character of the vesicle produced by vaccination is very considerable; as imperfectly developed or abortive vesicles are a sure indication of some defect either on the part of the *virus* used or the patient's constitution, and demands an application of Bryce's test of re-vaccination upon the other arm on the fifth day. A well-developed vesicle, with a well marked areola, which usually appears on the eighth, sometimes not until later (I have had it appear on the 10th, and, in one case, no appearance of the arm taking appeared until the 12th day, which caused the appearance of the *areola* to be deferred until the 15th day, but these cases are exceptional) and a profound vaccinal fever, are the best indications of a successful vaccination.

About the fifth or sixth day, usually, (sometimes later with Longue Pointe virus) a red pimple may be felt at the point of vaccination, which gradually increases in size and prominence until the eighth day, when it is fully developed, and usually presents the appearance of a *small-sized bead of pearl* set in the skin. After the areola has developed it answers very well to the description of a *bead of pearl upon a rose leaf*. The nearer the animal, the smaller, more circumscribed, harder, more elevated and firm the vesicles appear. Generally there are a number of them; corresponding to the number of points of infection, which usually coalesce and, running together, form a larger scab, of a brownish mahogany colour, thick and elevated, and, when held up to the light, translucent in appearance. I have never had any suppuration or ulceration as yet in any case from this virus: Good, well-filled vesicles, always leave good well marked circular scars; which may be seen plainly at a distance. They are very distinct, sunk beneath the level of the surrounding skin, having a rather well marked edge, and foveated or dotted with minute indentations, in a few cases striated, the fovea being most numerous near the outer circle of the depression.

In every case, where the vesicles are not well developed and full, I have taken the precaution to re-vaccinate upon the other arm, in which case the second seems to add intensity to the first, both mature, and the crusts fall off at about the same period, or from the sixteenth to the twentieth day.

There are three tests recommended as applicable in judging respecting the amount of protection any case of vaccination has afforded:—1st. The subsequent inoculation of small-pox virus, or Jenner's test already spoken of; 2nd. The result of casual exposure to contagion; and, 3rd. An attempt to reproduce the disease by re-vaccination, or Bryce's test. As to the value of the first there can be no question whatever; as to the second, the length of time after vaccination and the degree of exposure will determine the result. All other things being equal those persons having good scars on their arms are less frequently attacked with small-pox than people with bad scars. But all persons are not equally exposed, and this mode of reasoning is fallacious, for one good mark with strong fresh virus would be more protective than several marks with old deteriorated virus, as I will presently shew. Drs. Jenner and Woodville's original tests with small-pox, were all made upon persons upon whom the animal virus had been used in *one point* only,

direct from the *teat* of the animal ; and yet we have statements made by Dr. Marson, of the London Small-Pox Hospital, that out of 2787 patients with cicatrices on their arms 486.9 per 1000 had *one mark*, 318.6 per 1000 had *two*, 98.3 per 1000 had *three*, and 96.2 per 1000 had *four marks* or upwards. Dr. Roddick, also, in a paper read before this Society, gave ample proof of the greater protection afforded by a large or a small number of marks ; shewing that *two* vesicles is more than twice as protective as *one*, and the production of three or more nearly four times as protective against the casual contagion of small-pox. And yet small-pox does not always spare in its attacks persons who have multiple scars of vaccine upon their arms ; while, on the other hand, a single vesicle has in innumerable instances served as a protection, both against the inoculated virus and against the influence of casual contagion. In fact, it was upon the protective operation of single vaccine vesicles, that the reputation of vaccination, as performed by Jenner and the earlier vaccinators, was built up ; a most conclusive proof that more depends upon the quality of lymph used than the number of marks.

Perfect vaccination having been secured ; which, in my opinion, entirely depends upon the production of perfect vesicles, with areola and constitutional fever, and not mere *vaccinal scars* ; the next question which naturally arises is, how long does the protection against small-pox afforded by vaccination continue ? Is it limited in duration ? I do not see any reason why it should not be equally enduring with that afforded by a previous attack of small-pox. I think *perfect vesicles*, secured with fresh *animal virus* ; or a first or even fifth remove, if procured from *perfectly developed vesicles* at the proper period ; should afford protection that would last during the remainder of life. I look upon re-vaccination as a most prudent precaution against imperfect primary vaccination, but a precaution that in most instances will prove to have been uncalled for where the work has been thoroughly done with active virus in the first instance. Re-vaccination is Bryce's test of perfect vaccination reduced to a general rule in practice, and which seldom results in producing a *perfect cow-pox pustule*, but merely a *vaccinal sore*, which illustrates the fact that the pabulum in the blood upon which it feeds has been too much exhausted in a previous attack to enable it to produce a perfect result a second time. Now, have I any authority for such a statement ? We shall see. Jenner and Woodville entertained this

view, but their experience was limited to their own personal observations. But Ballard says : " In the large majority of vaccinated persons the protection against casual small-pox obtained by the time that the vaccine disease has completed its course *lasts for the whole remainder of life.*" That, except in a small number of persons, vaccination is a *life-long* protection against all ordinary and even against extraordinary chances of contagion.

This point being established, I proceed to the question, Does vaccine virus in its transmission through successive human generations lose any of its activity, or become less effectual when developed in the system as a protection against small-pox ? My answer is, it does, and I shall adduce ample evidence to establish this view.

The first thing that suggests itself here is that the vaccine disease being unnatural to man—a disease of an animal lower in the scale of organization, implanted upon man by art—it is not improbable that some careful cultivation would be necessary to prevent its degeneration. Experience has demonstrated that the disease (*vaccinia*), when imparted to certain subjects, produces in them an imperfect or modified development ; and that lymph taken from such pocks, or from vesicles which are too old or damaged, has so far lost its character as to give rise, when introduced into the system, to an imperfect vaccine disease. This then is *one proof* that in *vaccinia*, degeneration of virus does take place under certain circumstances ; while that in succeeding generations the quality of the virus may not recover itself, although that of modified small-pox may do so, is quite explicable by the fact that small-pox is in its native soil in man, while *vaccinia* is in a foreign soil, having been transplanted from a lower animal. This, however, is not all that is meant by *degeneration of vaccine virus*. On this point Ballard says :—" It is said that the virus degenerates by successive human generations, even when the utmost care is taken in the selection of the vaccinifer, and in taking lymph from pocks of the proper age. Is this so ? I believe it is." Probably with this danger in view, Jenner, from an early period, recommended that recourse should be had anew to the cow, as a source of vaccine lymph, as frequently as possible.*

* NOTE.—It may be important to say here that a current statement among anti-vaccinators. (and made use of by Dr. Coderre, of Montreal, (on the authority of Baron) that "Spontaneous cow-pox is not protective against small-pox" is not founded on fact, but is the result of a clear perversion of a statement of Jenner in which he guards his followers against mistakes by pointing out the exist-

In 1814, the opinion that the vaccine lymph gradually lost its power by successive human transmissions was put forward by Dr. Kinglake, who recommended that fresh lymph should be taken as often as possible from the cow.

In 1818, the Government of Wurtemberg, in deference to this opinion, endeavored to provide for a renewal of the virus from *animal vaccination* by directing that a certain number of cows should be vaccinated annually.

M. Brisset of France and Dr. Gregory of England endorsed this view in 1823. In 1836, Dr. Gregory wrote as follows: "The lymph in use at this Small-Pox Hospital, (London) has been 'preserved in uninterrupted descent for a very long period of time; but for three or four years past I have noticed that its intensity was diminished, and that eight or ten incisions produced not more irritation than the three to which I was accustomed fifteen years ago. In March last (1836) the resident surgeon obtained lymph from a new source. This new lymph was found to be more intense and active than the old. Three or four incisions are now found amply sufficient, and so satisfied was I of the superior quality of this new lymph, that, after a careful trial of about two months, the old (Jennerian) lymph has been suffered to die out, and for the last six months we have vaccinated exclusively from the new stock. These facts have convinced me that vaccine lymph, in passing through the bodies of many persons, loses in process of time some essential portion of its activity. It follows from this, that an occasional resort to primary lymph from the cow

ence of two distinct diseases which occur on the teats of the cow. One, the genuine cow-pox pustule, of rare occurrence, and one of more common occurrence, namely, suppurative sores from wounds, stings of insects, cracks, &c. Jenner says: "Pustulous sores (he does not say pocks) frequently appear spontaneously on the nipples of the cow and instances have occurred, though very rarely, of the hands of the servants employed in milking being affected with sores in consequence, and even of their feeling an indisposition from absorption. These pustules are of a much milder nature than those which arise from that contagion which constitutes the *true cow-pox*.....They are always free from the *bluish* or *livid* tint so conspicuous in the pustules in that disease. No erysipelas attends them. This disease is not to be considered as similar in any respect to that of which I am treating, as it is incapable of producing any specific effects upon the human constitution. It is of the greatest consequence to point it out here lest the want of discrimination should occasion an idea of security from the infection of small-pox which might prove delusive." Thus clearly discriminating between two distinct affections occurring on the cow.

becomes a matter of the greatest importance, perhaps even of indispensable necessity."

In the same year comparative experiments were made in France by the Vaccine Committee of the French Academy, which led to a complete abandonment of the opposite view which had been strenuously maintained by M. Bousquet and others, and gave a solid basis to the opinion.

In 1838, Dr. Estlin of Bristol wrote as follows, speaking of the old or Jennerian stock: "On the diminished anti-variola powers of the present stock of vaccine matter I need make no remark, the public are too painfully aware of the fact." This remark is applicable to Montreal.

In Germany Drs. Medicus and Orgy noted the gradual changes in the cicatrices following vaccination as being less perfect.

In 1839 Dr. Stewart compared results in India with old and new virus, giving in detail his observations as follows: "The period of latency was much longer. 2nd. The vesicles are larger and have globular disc more exact and circular, contain clearer lymph and more of it, and have a central depression from outset. Third. The areola is more decided and larger, the color and formula strictly Jennerian. Fourth. The constitutional fever is well marked. Fifth. The course of the disease is slower and more deliberate.

A Dr. Straub, of Germany, is stated to have vaccinated successfully two children. The lymph furnished by the one produced very fine vesicles, that furnished by the other produced normal vesicles in the first generation, but could not be propagated at all beyond the second remove.

A similar experience occurred to myself not long since. On October 26th I took from a calf at Logan's farm a number of points, with which I vaccinated successfully the child of Mrs. E——, 411 Seigneurs street, from which I collected, on November 5th, a quantity of excellent lymph, all of which gave splendid results, no failures. With the same source of lymph I vaccinated a child of Mr. J—— L——, 121 Canning street, from which I obtained first-class crusts, which gave every satisfaction in further transmission by those to whom sent. I also vaccinated the child of my friend Dr. H—— from this source with excellent results, and from which, on November 11th, I charged about fifteen points which were forwarded on same day to two widely separated points of the country. From both medical men the envelope was returned as unsuccessful. I have not been able to explain the circum-

stance, as the vesicles upon Master H. were most superb, and the lymph, when taken, clear and beautiful, but it did not propagate itself.

The growing frequency with which varioloid disease and true small-pox are observed in vaccinated persons has been adduced as an argument by some writers. The greater success attendant upon re-vaccination of adult subjects than formerly is another argument—fewer failures and better results. The experience of re-vaccination in the Prussian Army has been appealed to. This extends to 45,000 operations annually. The statistical results are given from 1833, when the proportion of successful results was 33 per cent. and afterwards gradually increased as follows: 39, 42, 46, 49, 50, 51, 54, 57, 58, 57, 57, 58, 60, 64, 64, 64, 61, 64, 69, 69, 69, 69, 70. The last proportion of success being more than double the first of the series. Dr. Ballard, referring to these statistics, says: "There can be only two explanations of this remarkable fact, the one, that the virus has degenerated in its protective power, as the result of frequent human transmissions; the other, that there has been a steadily progressive carelessness in the mode in which the primary vaccinations have been performed, and that this carelessness has resulted, as I have shown it may result, in a deterioration of the virus." He gives as the *best evidence* of the deterioration which vaccine virus undergoes in the course of frequent human transmissions that obtained "by comparing the effects produced by selected lymph which has undergone numerous human transmissions with that produced by lymph recently derived anew from the cow, or after having passed through only a small number of human generations," and gives a number of comparisons that should convince the most skeptical. My own observations with Longue Pointe lymph in this regard has been this: The period of latency is greater; no sign of taking is seen before the 6th day, in some cases not before the 8th, and I have had it as late as the twelfth day. The vesicles are small, circular, firm, well elevated, having from first a depression in centre, very distinct, but, where a number appear together, will coalesce, retaining their distinctive outline throughout. They mature usually on eighth day, in the later part of which the areola usually begins to appear, and is well formed by the 9th. There is a good deal of restlessness and fever after the appearance of the areola, which is at its height on the tenth day, after which it and the areola decline together and are usually gone on the 12th day. From this time the

pustule, which on the eighth day is full, tense, white and shining, and if pricked yields abundant lymph, clear as water, begins to dry and look dull, a brownish crust takes the place of the *bluish* central depression, and by the 18th to 21st day a thick circular, somewhat conical, mahogany colored, well defined crust falls off, leaving a depressed cicatrix full of fovea or pin-pointed depressions. I have observed after a few removes from the animal that the whole progress becomes more rapid, the crusts more spread out, flat and irregular, so that I say when the crust begins to be as large as a *pants button* it is time to go back to the animal virus, which gives you again the small circular elevated vesicle, resembling a bead of pearl upon a ground of rose pink colour.

Taking the possible degeneracy of vaccine by human transmission to be proven, it is necessary that this degeneracy should be prevented as much as possible by care on the part of the propagator in the selection of the vaccinifer (which should be the young bovine animal) and the pock. On this point Dr. Ballard says:—"The vaccinifer (if human) should be "robust, not cachectic, the pock selected should be "perfect in character, and the lymph should be "taken at a period *prior to the appearance of the "areola*. The principal causes of bad and un- "protective vaccination are *the use of lymph taken "at too late a period in the course of the disease,* "taking lymph from vesicles badly developed or "imperfect in character, the use of dry lymph or "scab instead of limpid lymph. The lymph for "vaccination," he continues, "should never be taken "after the areola is formed. When the areola is "formed the lymph ceases to be limpid, is imper- "fect in power, and apt to give rise to imperfect or "modified pustules. According to Sacco and Eichorn "the lymph is distinguished for energy on the fifth "or sixth day, or while the nascent vesicle is still "undeveloped. When the vesicles on the vaccinifer "are small and poor they are apt to reproduce their "kind, and in this way a supply of lymph may "degenerate in quality." In producing humanised vaccine, direct from animal lymph, I select the most scrupulously healthy children, of robust, healthy parents having perfectly developed vesicles. From these I prefer to take the lymph when it has attained its greatest perfection, which one has to be on the *qui vive* for, and always before the areola has appeared; after this the lymph becomes purulent and opaque, and is very subject to oxydation and decomposition, as Schonbein has shown, probably more rapidly in some conditions of the atmosphere

than others, as it readily decomposes the peroxide of hydrogen, and is subject to the ordinary decomposition which animal substances undergo when exposed to heat and moisture, and to the generation within it of organized beings or animalculæ as in other decomposing animal fluids. For these reasons I believe the occurrence of erysipelas or septic inoculation has frequently followed the use of *putrid lymph*; as I am certain it frequently has the use of crusts imbued with *pus*; the result of excessive local inflammation and consequent suppuration in persons of a strumous habit of body. In this matter, as elsewhere, we reap what we sow. If vaccine, then only vaccine; if *pus*, septic poisoning, suppuration, inflammation. On this point Dr. Martin, of Boston, says: "Before the appearance of the areola there is no *pus* in or around the vesicle; afterward there is no security from its admixture with the lymph." The knowledge of the exact period at which to obtain perfect virus is the one great and essential item of knowledge necessary to success in the specialty of animal vaccination. During my own experience I have frequently eschewed very reluctantly the most splendid vesicles where my visit had been anticipated by the areolæ.

"Having shewn that under the best possible selection, and with the utmost care in cultivation," writes Dr. Ballard, "the vaccine virus loses energy as its human transmissions become more and more numerous, so it follows that, from time to time, it is desirable that new sources of primary supply should be sought for and opened," which, he says, involves two questions: 1st, the frequency with which natural or spontaneous cow-pox is met with on the cow as a source of renewal of supply; and, 2nd, whether the object can be attained equally well by any other means, and concludes by recommending a recurrence to natural cow-pox as a source of lymph, which he is particular to state has one practical drawback, which is, "the rapid passage of the eruption on the cow's teat through the stage at which it is most energetic, and which is said sometimes to be over in from twelve to twenty-four hours," a fact which my limited experience has fully attested, and which adds very much to the risk of failure in the use of animal virus.

If it could be ascertained at what human remove from the cow permanent protective power first becomes impaired to an important degree, and if such virus could be fully insured from syphilitic contamination and liability to erysipelas, etc., all rational objections to the use of early human removes would

be ended. Such knowledge and security are not attainable, and, therefore, the only absolutely safe course is to use either virus of original cow-pox, or that transmitted through a series of selected bovine animals.*

RETRO VACCINATION OF ANIMALS WITH HUMANIZED VIRUS.

This has been done successfully by Bosquet in France, Babcock and Ceely in England, Goldwin in Venetia and many others, but without any particular advantage to the lymph in the way of improvement.

ANIMAL VACCINATION, direct from heifer to heifer, in unbroken succession from original cases is the *one thing needful* to preserve a continuous supply of *undegenerated* lymph for the purposes of human vaccination, as by this means a far more perfect development of *vaccinia* is obtained than from long humanized virus. Through the kindness of my friend Dr. F. W. Campbell I am enabled to illustrate the appearance offered by spontaneous cow-pox on the cow's teats and udder in two stages by Ceely's admirable plates, also the appearance of artificial inoculation of cow-pox and small-pox, and the effects exhibited on the animal by retro-vaccination. I have also Willan's illustrations of *Roseola Vaccina* and *Variolosa*, and a number of paintings illustrative of first removes from animal virus of the Longue Pointe stock.

Troga of Naples was the first to conceive the idea of taking the virus from a vaccinated cow for the purpose, and the practice was pursued by him and his successors for many years for the benefit of the upper classes of society. Galbatia continued it, and M. Negri followed at first in their steps in propagating virus obtained by a primary retro-vaccination, but obtaining three different times a fresh supply of virus direct from cases of natural pox, he maintained a supply by an uninterrupted succession of inoculations from animal to animal, so that to M. Negri we owe our knowledge of the practice of animal vaccination as it is now understood.

* Dr. George Wyld, London, Eng., a most prominent apostle of vaccination direct from the calf, is now engaged in providing London with a supply of pure lymph by inoculation from heifer to heifer, and calf to calf. He purposes to "multiply spontaneous cases by passing it through a series of calves *ad infinitum*, if necessary," and claims that "a government which renders vaccination compulsory is in duty bound to supply a lymph with total freedom from syphilis."

I must now pass over Janoix to refer to Professor Depaul of the French Academy, who announced in May, 1866, now twelve years ago, that cow-pox had been discovered at Beaugency, France, and that it had not only been used as a new source for human transmissions, but also for transmissions, by animal vaccination, from heifer to heifer. Several *advantages* were also urged in favor of animal transmitted lymph: 1st. The advantage of being able to renew at will a stock of vaccine by return to the animal. 2nd. Freedom from all possible syphilitic contamination. 3rd. The ability to furnish large amounts of virus regularly and at short notice, avoiding the necessity for a *vaccine famine*. 4th. That it avoids the necessity of interference with the process of development of human vesicles by tapping, which some fancy interferes with the protection afforded. Jenner, on this point, counselled the development of one vesicle at least without interruption. 5th. The importance of being able to obtain virus from a reliable source. 6th. The immunity of animal virus from erysipelas. 7th. The more perfect scar it produces. The results of animal vaccination as pursued in Paris by M. Chambon, under the direction of Professor Depaul; and at Brookline, Boston, by the younger Dr. Martin, under the supervision of the elder (who has a large experience); corresponds in all important particulars with those obtained from the use of *animal virus* or the *early* removes of it, propagated up to the present by myself from the spontaneous cases of natural pox found at Longue Pointe, Island of Montreal, November, 1877. In all cases with animal virus there is an absence of all undue irritation; there is a remarkably slow and deliberate growth or evolution (in this respect differing greatly from the humanized); the poek is distinct, circular, cupped, elevated and firm, and the areola is comparatively late in appearing; the lymph remains longer limpid, the decline and incrustation is slower or more gradual, and the crust is tardy in falling.

At first the difficulty attendant upon the vaccination and collection of lymph from the animal I found, owing to inexperience, to be very considerable, but, by persistent perseverance, the difficulties have been gradually overcome. I now adopt Depaul's plan of having a table with a swinging cover or flap similar to those used in handling plate glass. Its lower edge is cut out with a triangular notch, leaving an extension before and behind to correspond with the extension of the animal's limbs. It is a strong wooden frame, and is firmly fastened down to the floor, so

as to be immoveable. The flap being let down, the calf or heifer (only animals of the female sex and from six months to two years old are used) is placed with its left side against it, and securely fastened by a waist belt and a belt around the flanks; (the former just behind the forelegs, the latter just in front of the hind legs); the flap or table leaf is now turned up horizontally, and the head and feet having been secured by extra straps, the animal lies helpless and unable to struggle. The belly is then shaved with a dry razor; a strip about 18 inches long and 9 wide on each side of the udder, also the inside of the hip behind, or where the skin is most delicate, in strips about 9 or 10 inches wide. Over these surfaces a number of abrasions are made, and the virus (contained in glycerine usually) well rubbed in. I hope soon to be able to vaccinate so frequently as to take the lymph from the animal and apply it to another at the same moment, without an interval of some days, as has been the case with me heretofore. In this way I would have a greater percentage of success, and obtain more lymph from each animal. My success has been limited only by *want of funds*, which has been a great obstacle to my progress with this enterprise. The animal has to be so secured in a stable with clean straw, etc., as to prevent subsequent injury to the poeks by licking or biting, and the destruction of lymph by lying in its own manure. From the fourth to sixth day lymph must be taken for the vaccination of children,—lymph taken at this stage of the disease is nearly always successful,—but for propagation upon the animals a day later will do, or just before the poeks begin to decline and form scabs. The lymph is thought to be more perfectly developed by the seventh day, but is too thick in consistence to be possible of absorption by the human absorbents. If not taken until too late in the disease the lymph will not take on the human subject. The animals recover in a fortnight, and are quite uninjured by the process, but are protected against any future attempts at inoculation. In all my experiments on animals I have had an encouraging degree, but not always the same success. Out of seventy points of abrasion I may get from sixteen to twenty poeks, which are sometimes distinct, sometimes confluent, and attain the size of large human poeks or about the size of a pea, and are filled with a white milky (or clear watery fluid when it exudes) of the consistency of the albumen or white of egg. The central depression has a peculiar slate blue or grey appearance. Cleanliness is the great difficulty to secure, without which disappointment in degree of

success is met with. When the vesicles have a bluish-white, shining appearance they are at their fullest degree of perfection. I trust a Government allowance may yet be granted to enable ample provision to be made for carrying out successfully the details of this process of production of animal lymph, and that the profession will avail themselves fully of its unquestionable advantages offered.

Animal vaccination is the national method in France and Belgium, and has been introduced in Berlin, Vienna and St. Petersburg in Europe; and for some time past in Boston, New York, and Philadelphia, in America;—an adoption in a number of widely separate and influential points difficult to account for on other than the real advantages which attach to it. The two most prominent of these seem to be: 1st, the absolute security which it affords against all kinds of human blood contaminations; avoiding all possibility of syphilization, that standing menace of every vaccinator who ventures the use of humanized virus; and, 2nd, the greater degree of protection which it affords as a prophylactic against the contagion of variola; respecting which M. Lanoix says: "For twenty years past epidemics of small-pox in Naples have never acquired any great severity; and it is an opinion held by the inhabitants that persons vaccinated with animal virus are not now exposed to danger from small-pox, like those who in their infancy were vaccinated from arm to arm."

I confess I should be glad to see animal vaccination established on a firm basis in this country,—where we have the reputation of nursing small-pox, as Cleopatra did the serpent, in our bosoms, in order that it may have a fair opportunity of striking its deadly infection into our very vitals or those of our children,—as a preventive against small-pox. I am convinced there is none equal to it; and I believe that such good would flow from it that practitioners desirous of imparting the fullest protection to their patients could have recourse to the vaccinated heifer for their supply. If the public and private vaccination of the City of Montreal were done with animal vaccine only for a few years, I believe the insusceptibility that would be created would result in the effectual riddance if the city of this foul pestilence altogether; for it is my implicit belief that the great susceptibility of our population to small-pox, shewn during the past few years, can only be justly attributed to the insufficient protection afforded by the long humanized and deteriorated vaccine matter, which has been used for so many years; and

which, by repeated transmission through thousands of systems, had become enfeebled and virtually worthless as a prophylactic agent. Having obtained lymph from the animal, it is well to understand its peculiarities and wherein it differs from humanized lymph, or the lymph from the human subject, to the end that we may have an intelligent appreciation of the precautions necessary to ensure successful results in its use. It is more *plastic* than the human; in fact, animal vaccine is contained in animal albumen, or is so mixed with it as to give a viscid glairy fluid which dries upon the ivory point as a thin film or varnish like isinglass; which is not readily soluble in the serum or blood which exudes upon the arm in vaccinating; but requires that the precaution be observed to dip the point in cold water previous to use, to soften the albuminous film thereon; after which, it may be rubbed thoroughly over the scratches with the certainty that it will be rubbed into the wounds, that the wounds will be infected thereby, and the infection become absorbed into the system and produce its characteristic results. 80 per cent. is a good proportion of success with this lymph. Humanized lymph is more readily soluble, hence fewer failures follow its use in general practice. Success here should not be less than 90 per cent., but the difference in the character of the lymph being known, I am satisfied my colleagues will become as successful in its use as elsewhere. The earlier any lymph is used, the more certain the results and the more satisfactory. Failure with properly collected animal virus of a proper degree of freshness is a very rare circumstance indeed; always supposing it is *used properly and with due care*. Herein all the merit lies; the fault is not with the *animal virus*, but with *the men that use it, and the manner of its use*. Although a lack of knowledge on the part of a propagator of the *peculiar state* of the vesicle in the heifer, and period at which virus exists in its most perfect condition, has no doubt caused the issue of virus at times which did not possess the necessary degree of activity; this defect a propagator will very soon become painfully aware of by having his lymph returned as *inert*.

One word in reference to the Longue Pointe stock of vaccine virus and I have done.

Owing to Professor McEachran's prognostication, that an epidemic of cow-pox would probably follow that on the horses in the spring of 1877, I was on the lookout for it, and made known my object to some of my colleagues, among others Dr. Hingston. Learning from Mrs. Leuey of Longue Pointe of

the existence of the disease among her husband's cows, he made known the fact to me, and early on the following morning, Nov. 6th, 1877, I visited the farm, in company with a colleague, and finding six cows affected in various stages of the disease I procured a large number of crusts and some lymph in a rather advanced stage. With this stock I at once began operations, vaccinating ten children during the next day or two, and using every possible care to liquefy the vaccine as much as possible before using. In nine of these no result was obtained, but in one I had a single vesicle of perfect characteristics. The progress was very deliberate, but tardy in comparison with my former experience with humanized lymph. It was vaccinated on the 7th, and on the 17th it was seen by Drs. Hingston and Larocque. In the company of the latter I procured about 100 points of clear beautiful lymph. Some of these I distributed to members of the profession, and with the balance I obtained a number of splendid results of the 2nd generation, giving more plump and otherwise characteristic vesicles. From one of these second removes, the child of a Mrs. Reaves, No. 30 St. Urbain street, I obtained a large number of points, with which I furnished a supply to the various public vaccinators, charging 150 points for the Health Office. On visiting the Leney Farm a week later I was fortunate enough to procure more lymph, in better condition, and with this I succeeded in vaccinating a child of a Mr. Leprees, after a second trial (residing in 504 St. Joseph street). From this case I was able to charge in company with Mr. McEachran, medical student, a large number of ivory points. From this time forward I had no difficulty in keeping up a liberal supply of lymph by successive transmissions through healthy children, from none of which have I had any complaint. Feeling desirous of trying its effects on the animal, and having a great quantity of my original virus carefully put away, I obtained, as best I could, the consent of milkmen to vaccinate an animal with the virus. In every case I was more or less successful; on two or three occasions too much so, as it communicated to other animals and interfered with the operations of milking. During the past summer and autumn I have transmitted it through about 30 animals on Logans' farm amply sufficient to keep up the activity of the virus. This I find keeps best in glycerine in a cold and dark place. I trust the results of animal vaccination may yet prove so satisfactory to the profession of Montreal, and the Dominion of Canada as to become eventually the only source from which vaccina-

tions will be performed; as I am convinced it is the only perfect safeguard against impurity and degeneracy of the lymph. I am indebted to the great kindness of my friend, Dr. F. W. Campbell (an old public vaccinator), for Ceely's plates, illustrative of cow-pox; spontaneous and artificial; also Retro-vaccination and Small-Pox Inoculation in Animals; a reference to which may not prove uninteresting; and I cannot close without acknowledging my indebtedness to Dr. H. Martin, Boston Highlands, for much valuable practical information on the subject.

Thanking you for your patient hearing, and apologizing for the undue length of my paper; in which I have been unable to discuss the pros or cons of the question of the transmission of syphilis; ample proof of which is given in Tanner's Practice, pp. 150. Hutchison's Plates, Martin's "Animal Vaccination," and other authors ancient and modern. I am obliged to leave the matter with you thus unfinished, in the hope however, that other opportunities may yet be afforded for discussing the several points involved in the subject, *seriatim*.

Progress of Medical Science.

TREATMENT OF OBSTINATE VOMITING DURING PREGNANCY BY DILATION OF THE CERVIX UTERI.

Dr. Murillo resorted to this remedy, as recommended by Dr. Copement, of Norwich. He introduced the finger into the cervix as far as the internal os, kept it there for two minutes; the cervix was thus dilated four different times, at intervals of one or two days, and morphia given to produce sleep, which did not have the desired effect. At the end of one week the improvement was marked, and in eleven days a perfect cure was effected.—*London Medical Record*.

PYROGALLIC ACID IN PSORIASIS.

(DR. A. JURISCH.)

We have already in our July number, on page 208, given a resume of some experiments made with pyrogalllic acid as a substitute for chrysophanic acid in psoriasis. The author now reports his complete success in the treatment of this affection by the agent indicated. At first he used an ointment containing twenty per cent. of pyrogalllic acid; this was, however, found to produce excoriations. Hence, he has

reduced the ointment, as ordinarily used, to the strength of ten per cent., and in some cases he uses it only of five per cent. If spread on muslin, and then applied, it must be still further diluted, otherwise it acts as an irritant. Aqueous solutions should contain about one per cent. Pyrogallie acid acts not as rapidly as chrysophanic acid, but is equally certain in its results.

POULTICES.

The common practice in making poultices of mixing the linseed-meal with hot water, and applying them directly to the skin, is quite wrong, because, if we do not wish to burn the patient, we must wait until a great portion of the heat has been lost. The proper method is to take a flannel bag (the size of the poultice required), to fill this with the linseed poultice as hot as it can possibly be made, and to put between this and the skin a second piece of flannel, so that there shall be at least two thicknesses of flannel between the skin and the poultice itself. Above the poultice should be placed more flannel, or a piece of cotton wool, to prevent it from getting cold. By this method we are able to apply the linseed-meal boiling hot, without burning the patient, and the heat, gradually diffusing through the flannel, affords a grateful sense of relief which cannot be obtained by other means. There are few ways in which such marked relief is given to abdominal pain as by the application of a poultice in this manner.—Dr. T. Lauder Brunton, in *Brain*.

DISLOCATIONS OF MUSCLES AND THEIR TREATMENT.

British Med. Jour: Mr. Callender remarks that but little attention has been paid to this class of injury, though they are followed by considerable inconvenience, by pain often of long continuance, and by interference with the very amusement or occupation in the practice of which they have been sustained. Mr. Callender refers to various cases of displaced tendon, as of the biceps, the tendons about the wrist, and the peronei, in all of which, while the reposition of the tendon is not very difficult, the unsatisfactory feature of the treatment is the impossibility of preventing in many instances the recurrence of the displacement. He then proceeds to consider dislocations of the muscles themselves, and the following may be taken as a typical case: A man, aged forty-six, was playing at lawn-tennis, when he felt a sudden movement, with intense pain, in the right forearm. He rested the arm, had advice, but the pain persisted. When the accident happened the forearm was suddenly thrown into the extreme of pronation while he was making a

back-stroke. On examining the arm Mr. Callender found there was tenderness along the course of the pronator radii teres, and the pain in the forearm was severe when the hand was moved in pronation. The hand was brought into pronation, and with a pad fitted to and applied over the course of the pronator firm pressure was made upon the muscle, while the hand was carried to the extreme of supination. The pressure, the patient said, gave relief, and on removing it the pain had ceased; the forearm could now be freely moved. The parts were rested in a sling, and he was told to keep the arm quiet. In two days' time he again tried the muscle at lawn-tennis, and again the pain recurred. The muscle was again returned to its place, and this time the arm was so fixed that the muscle was secured against further dislocation, and, as no movements have since been made which would cause its displacement, the patient has remained well. As general rules for reducing dislocation of muscles, Mr. Callender recommends that an accurate diagnosis should first be made of the muscle dislocated; secondly, the muscle should be relaxed as far as possible; thirdly, by firm manipulation, such as the rubbing with the hand, or by kneading with the thumb, an endeavor should be made to replace it; and, lastly, pressure should be made while the muscle is on the stretch.

THE TREATMENT OF SEA-SICKNESS.

C. J. S. Digges, M.R.C.S.E. (of St. Louis, Mo.), recommends hypodermic injections of morphia over the epigastric region in sea-sickness. In 200 passengers experimented upon, the majority were completely and permanently relieved; in the others, relief for twelve to forty-eight hours followed, allowing the partaking of food during the interval.

TREATMENT OF OBSTINATE SCIATICA BY SUBCUTANEOUS INJECTIONS OF NITRATE OF SILVER.

Dr. Dureau has collated the cases of obstinate sciatica treated in the Parisian hospitals by Damaschino and Guérin-Rose, on Luton's plan, and has deduced from them the following conclusions:

1. The subcutaneous injections of nitrate of silver are to be recommended in cases of inveterate sciatica.
2. These injections, though irritating to the tissues, may be undertaken without any fear of evil consequences.
3. The method renders it possible to reach the diseased spot and to insure the action of the remedy.
4. Improvement and recovery take place rapidly under this treatment.
5. The subcutaneous injections of lunar caustic are more active and less dangerous than the

actual cutting, which is so frequently recommended for sciatica.

Luton employed a ten per cent. solution of the nitrate of silver, and injected from twenty to twenty-four drops, but Guérin-Rose uses a fifteen per cent. solution, and injects fifteen drops, and Damaschino takes one of only four per cent., and injects only five drops. Of twelve cases treated by Guérin-Rose, most were cured, a few were improved, and a few were not affected at all. No unfavorable consequences were observed in any of the cases. Dr. Dureau advises that the needle be introduced deeply, so as almost to reach the nerve.—*Allg. Med. Cent. Zeit.*

SPINAL IRRITATION.

[FROM DR. MCCALL ANDERSON'S "Clinical Medicine."]

In the year 1828 the late Dr. Brown, of Glasgow, directed attention to a class of cases illustrative of disorder of the spinal cord, to which he gave the name of spinal irritation. This affection had previously been alluded to by Mr. Player, of Malmesbury, in an article in the *Quarterly Journal of Science* for January, 1822, and a good many years afterward it formed the subject of important contributions to our knowledge of it as a distinct affection from the pen of the late Mr. Teale, of Leeds, and a few years later from the Messrs. Griffin, of Limerick. To these gentlemen we owe almost all that we know of it at the present day.

It is especially apt to occur in debilitated, nervous, and hysterical subjects, and, although it is sometimes met with in males, it is, *par excellence*, a disease of the female sex. This is well shown by the statistics of the Messrs. Griffin, for, of one hundred and forty-eight cases, twenty-six occurred in males, forty-nine in married women, and seventy-three in girls. According to Radcliffe, a strain or blow upon the back is apt to prove its starting point, although I can not say that I have noticed such a connection, and it is the opinion of some that it is at times hereditary.

The true nature of this morbid state is much disputed, and as the disease is one which is seldom, if ever, fatal, it is somewhat difficult to place its pathology upon a reliable basis. According to Brown, "the immediate cause is spasm of one or other of the muscles arranged along the spine, altering the position of the vertebræ, or otherwise compressing the nerves as they issue from the spinal marrow." Teale, on the other hand, attributed it to congestion, which by continuance and repetition may so far impair the tone of the capillaries as to produce a state of actual inflammation; while Radcliffe seems of opinion that the opposite condition, namely, capillary contraction and bloodlessness, is nearer the truth. But whatever the correct interpretation may be, certain it is that the abstraction of blood by leeches or cupping-glasses, applied over the tender spine, and the application of blisters in the same

situation, that is, the usual remedies for local congestion, are the most efficacious means of cure.

The most characteristic symptom of spinal irritation is tenderness of the spine, which may implicate it in its whole length, but much more frequently at one or several parts, and the symptoms of functional derangement of internal organs, and the pain so often complained of, generally bear some relation to the seat of the tenderness. In a large proportion of cases the patient makes no complaint of uneasiness in the region of the spine, and when asked if he has any pain in the back, answers as often in the negative as in the affirmative, so that, unless this symptom is specially looked for, and the spine carefully examined, the tenderness is exceedingly apt to be overlooked. For this reason, and because there is hardly a single disease in the whole category of ailments which may not be more or less accurately simulated by it, errors of diagnosis are of every-day occurrence. The following points, all of which, with the exception of the last, perhaps, I can verify from my own experience, are specially insisted upon by the Messrs. Griffin as aids to the diagnosis:

"1. The pain or disorder of any particular organ being altogether out of proportion to the constitutional disturbance.

"2. The complaints, whatever they may be, are usually relieved by the recumbent position, always increased by lifting weights, bending, stooping, or twisting the spine; and among the poorer classes, often consequent to the labor of carrying heavy loads, as in drawing water, etc.

"3. The existence of tenderness at that part of the spine which corresponds with the disordered organ, and the increase of pain in that organ by pressure on the corresponding region of the spine.

"4. The disposition to a sudden transference of the diseased action from one organ or part to another, or the occurrence of hysterical symptoms in affections apparently acute.

"5. Perhaps we may mention the occurrence of continued fits of yawning or sneezing. They are not very common symptoms; but as scarcely ever occurring in acute or organic diseases, they may generally be considered as characteristic of nervous irritation."

EXAMINATION OF THE THROAT AND POSTERIOR NARES.

To examine the throat well, the nose should be held so as to compel breathing through the mouth. Thus the soft palate will be raised, the palatine arches widened, and the tonsils and the back of the pharynx fairly exposed. Pressing the tongue downward, provided it be done very gently, is also of advantage. Rude treatment the tongue would resist. The forefinger can be passed into the throat as low as the bottom of the epiglottic cartilage, and thus search the pharynx down to the top of the esophagus, and the hyoid space (on each side) where foreign bodies are so apt to lodge. In introducing a stomach pump, the finger should keep the instrument well

against the back of the pharynx so as to prevent its slipping into the larynx.

Put the finger into the mouth, and feel the anterior border of the coronoid process of the jaw. On the inner side of this process, between it and the tuberosity of the upper jaw, is a recess, where a deeply-seated temporal abscess might burst, or might be opened. Behind the last molar tooth of the upper jaw we can distinctly feel the hamular process of the sphenoid bone; also the lower part of the pterygoid fossa, and the internal pterygoid plate. Behind, and on the outer side of the last molar, can be felt part of the back of the antrum and of the lower part of the external pterygoid plate.

On the roof of the mouth we can feel the pulsation of the posterior palatine artery. Hemorrhage from this vessel can be arrested by plugging the orifice of the canal, which lies (not far from the surface) on the inner side of the last molar, about one-third of an inch in front of the hamular process.

When the mouth is wide open, the pterygo-maxillary ligament forms a prominent fold readily seen and felt beneath the mucous membrane, behind the last molar teeth. A little below the attachment of this ligament to the lower jaw we can easily feel the gustatory nerve, as it runs close to the bone below the last molar tooth. The exact position of the nerve can be ascertained in one's own person by the acute pain on pressure. A division of the nerve, easily effected by a small incision in the right place, gives much temporary relief in cases of advanced carcinoma of the tongue.

To feed a patient in spasmodic closure of the jaw, it is well to know that there exists behind the last molar teeth a space sufficient for the passage of a small tube.

A surgeon's finger should be familiar with the feel of the posterior nares, and of all that is within reach behind the soft palate. This is important in relation to the attachment of polypi, to plugging the nostrils, and the proper size of the plug. In the examination of this part of the back of the throat it is necessary to throw the head well back, because, in this position nearly all the pharynx in front of the basilar process comes down below the level of the hard palate, and can be seen as well as felt. But when the skull is horizontal, *i. e.*, at a right angle with the spine, the hard palate is on a level with the margin of the foramen magnum, and the parts covering the basilar process are concealed from view.

The head, then, being well back, introduce the forefinger behind the soft palate, and turn it up toward the base of the skull. You feel the strong grip of the superior constrictor. Hooking the finger well forward, you can feel the contour of the posterior nares. Their size depends upon the anterior, but rarely exceeds a small inch in the long diameter, and a small half-inch in the short. The plug for the posterior nares should not be larger than this. Their plane is not perpendicular, but slopes a little forward. You can feel the septum formed by the vomer, and also the posterior end of the inferior spongy bone in each nostril.

Before taking leave of the throat, look well at the position of the tonsils between the anterior and posterior half arches of the palate. In a healthy state they should not project beyond the level of these arches. In all operations upon the tonsils, we should remember the close proximity of the internal carotid artery to their outer side. Nothing intervenes but the pharyngeal aponeurosis, and the superior constrictor of the pharynx. Hence the rule in operating on the tonsils always to keep the point of the knife inward.

In troublesome hemorrhage from the tonsils, after an incision or removal, it is well to know that they are accessible to pressure if necessary by means of a padded stick, or even a finger.—*From Holden's Landmarks.*

CHINESE MEDICINE AND SURGERY.

A correspondent of the *New York Evening Post*, now travelling in China, gives an entertaining account of medical and surgical matters in the Celestial Empire, from which we cull a few paragraphs. The list of *materia medica* includes not a few articles which would have found favor in Europe in the olden time, though out of fashion now-a-days, as the following enumeration will show:—

The larvæ of beetles and other insects are used medicinally to give strength to feeble children; dried toads are taken to give tone to the system; caterpillar syrup is a specific for bronchitis; and for small-pox the skins of snakes and scorpions, dried and powdered, are considered efficient remedies. The horns of the rhinoceros, the bones of tigers, the paws of bears, and the wings of bats all have a place in the Chinese pharmacopæia. The body of the bat eaten is said to prolong life; to partake of the white bat is believed to be to protract one's existence beyond that of the aged Methuselah. A simple remedy, containing well-known ingredients, is nothing thought of by a patient, and the doctors seem to be quite of the same mind.

Orange peel, dried, is used in enormous quantities, and seems to be considered a real panacea. Ginseng ranks next in importance, and licorice and rhubarb are highly esteemed in Chinese pharmacy. The water in which the precious metals have been hastily boiled is a popular remedy for emergencies in a household, such as sudden faintness or slight illnesses. It seems to take the place of the brandy and camphor so frequently given in foreign households, when a sudden exigency arises. The ornaments and pins, of gold and silver, which adorn a Chinese lady's head, are often brought into requisition in preparing this medicinal drink. The Chinese medical men are exceedingly given to the use of caustic medicines and plasters. The blossoms of a certain plant are sometimes placed on the skin and set fire to in order to blister the surface. In rheumatism of the joints, a thin slice of ginger-root is laid on the joint, and a piece of burning moss placed on the ginger to cause irritation of the skin.

A trifling sore is frequently so doctored with these caustics that much of the tissue is destroyed, and the patient suffers long and seriously.

Of the Celestial surgery the following account of setting a dislocated brain will suffice as a sample:—

The Chinese surgeon, although unskilled in the art of setting a broken leg, seems to be at no loss what to do in "setting the brain," as he styles the process. A Roman Catholic missionary having fallen from his horse and been taken up in a critical condition, a native doctor was summoned, who declared that the brain of the sufferer had been displaced by the fall, and must be "set." Thereupon he tied a stout cloth about the head of the priest, giving the ends of the cloth into the hands of two men, who drew the bandage as tightly as possible, while the physician beat the patient's head with a stick. This operation, although giving the poor priest's head a violent shaking and causing severe pain, proved highly successful, in the surgeon's opinion, the brain having thereby at once regained its normal position. One of the priest's ribs having been dislocated by his fall, the doctor half suffocated the poor man by fastening a handkerchief or something of the sort over his mouth and nose, doing so with the expectation that the patient, by dint of making violent and spasmodic struggles to get his breath, would cause the rib to spring of itself back into its place.

THE RESPIRATOR AS A PREVENTIVE OF COUGHS AND COLDS.

Dr. J. Milner Fothergill, of London, sends to the *Philadelphia Medical Times* a long and interesting letter on the treatment of coughs and colds. Among preventive measures he lays great stress on the respirator, which is much more commonly used abroad than here, and is undoubtedly a good thing for persons with sensitive lungs, if they cannot or will not keep their mouths shut when out of doors in cold weather. On this subject Dr. Fothergill says:—

The mucous rheum which calls out the morning cough is due to the changes of temperature to which the lining membrane of the air-passages is exposed in cold weather. People pass rapidly from in-door temperatures of 60° Fahr. to out-door temperatures varying from 40° to 32°, and far below that very often, and then changes in the vascular supply of the mucous membrane of the air-passages are set up. If everybody at all times only breathed through the nose, the inspired air would be warmed by passing over the coils of blood-heated plates which exist in the nose for that purpose, and would not affect the air-passages placed behind the turbinated bones. But such is not the case; they probably commence to talk, and in doing so draw in by the mouth cold air, which, on mixing with the residual air in the chest, lowers its temperature, and then a fluxionary hyperæmia follows, and after it, in its train, a mu-

cous rheum. The best plan for persons who thus catch their winter cough to adopt is to keep their mouths closed; but then humanity is not generally prepared for such self-denial, and the respirator suggests itself as the agent required. A respirator is not an ornamental thing, and its appearance is not in its favor. Its use subjects you to the remarks of inconsiderate and unreflecting friends and acquaintances, who point significantly to the unsightly contrivance, and express their regret that you should be compelled to wear such a thing; and the insurance agent, when you call to pay the premium on your policy, looks excited and nervous. Having worn a respirator for eight winters now, and knowing how little I have been troubled with bronchitis since, which previous to then for some years had made winter a very uncomfortable season, I am very little perturbed by such incidents, and reply that "I don't wear a respirator because I am ill, but because I don't wish to be ill." And a wonderfully comfortable thing it is! It keeps the cold wind from blowing into the mouth when facing it; and surely it is as natural to cover the orifice of the mouth in winter as it is to shut the front door to prevent a cold draught pervading the house. Ladies who take carriage-drives wrapped in furs copiously and provided with foot-warmers in their carriages and flasks of hot water in their muffs often catch cold when out. If they would further conserve and economize their body heat by the use of respirators, which take up some of the heat of the warm expired air and give it off again to the cold inspired air, then they would not only be more comfortable, but they would escape many a catarrh and much coughing. Whether it is inconsistent with the interests of the profession thus to instruct the public how to keep themselves well, or not, may not be affirmed. The respirator in some form has a great future before it.

TABLE SALT IN MILK FOR CHILDREN.

Dr. Q. C. Smith, in the *Pacific Medical Journal*, gives the following useful hint, which, by the way, is confirmed by other excellent authority: "When cow's milk is found to disagree with hand-fed babies or small children it may in many cases be rendered entirely wholesome to them by adding to it a small portion of table salt, just enough to be perceptible to the taste. I have for years directed the practice of this expedient among our people, and know it to be of real value."

TO STOP THE NOSE-BLEED.

A recent writer says that the best remedy for bleeding at the nose consists in the vigorous motion of the jaws, as in the act of mastication. In the case of a child a wad of paper should be placed in its mouth, and the child should be instructed to chew it hard.

INTESTINAL OBSTRUCTION.

Its Diagnosis.—When a *child* becomes suddenly the subject of symptoms of bowel obstruction it is probably either intussusception or peritonitis. When an *elderly person* is the patient, the diagnosis will generally rest between impaction of intestinal contents and malignant disease. In *middle age* the causes of obstruction may be various; but intussusception and malignant disease, both of them common at the extremes, are now very unusual. Intussusceptious cases may be known by the frequent straining, the passage of blood and mucus, the incompleteness of the constipation and the discovery of a sausage-like tumor, either by examination *per anum* or through the abdominal walls. In intussusception the parietes usually remain lax, and there being but little tympanites it is almost always possible without much difficulty to discover the lump by manipulation under ether. Malignant stricture may be suspected, when in an old person continued abdominal uneasiness and repeated attacks of temporary constipation have preceded the illness. It is also to be noted that the constipation is often not complete. If a tumor be present and pressing on the bowel it ought to be discoverable by palpitation under ether through the abdominal walls, or by the examination by the anus or vagina, great care being taken not to be misled by scybalous masses. If repeated attacks of dangerous obstruction have occurred with long intervals of perfect health, it may be suspected that the patient is the subject of a congenital diverticulum, or has bands of adhesion, or that some part of the intestine is pouched and liable to twist. If, in the early part of a case, the abdomen becomes distended and hard, it is almost certain that there is peritonitis. If the intestines continue to roll about visibly, it is almost certain that there is no peritonitis. This symptom occurs chiefly in emaciated subjects, with obstruction in the colon of long duration. The tendency to vomit will usually be relative with three conditions and proportionate to them. These are, (1) the nearness of the impediment to the stomach; (2) the tightness of the constriction, and (3) the persistence or otherwise with which food and medicine have been given by the mouth. In cases of obstruction in the colon or rectum, sickness is often wholly absent. Violent retching and bile vomiting are often more troublesome in cases of gall stones or renal calculus simulating obstruction, than in true conditions of the latter. Fecal vomiting can occur only when the obstruction is moderately low down. If it happens early in the case, it is a most serious symptom, as implying tightness of constriction. The introduction of the hand into the rectum, as recommended by Simon, of Heidelberg, may often furnish useful information.

Its Treatment.—(1) In all early stages, and in all acute cases, abstain entirely from giving either food or medicine by the mouth. (2) Use anæsthetics promptly. Under their full influence examine the abdomen and rectum carefully before tympanites has concealed the conditions. Administer large enemata in the inverted position of the body. If

advisable, practice abdominal taxis. If you do not at first succeed, do it repeatedly. (3) Copious enemata, aided perhaps by the long tube, are advisable in almost all cases, and in most should be frequently repeated. (4) Fluid injections may be sometimes replaced by insufflation of air in cases of invagination, since air finds its way upward better and is more easily retained. It is, however, somewhat dangerous, and has perhaps no advantages over injections with the trunk inverted. (5) Insufflation is to be avoided in all cases of suspected stricture, since the air may be forced above the stricture and there retained. (6) Saline laxatives are admissible in certain cases where impaction of feces is suspected, and in cases of stricture where fluidity of feces is advisable. (7) Opium must be used in proportion to the pain which the patient suffers. It should be administered hypodermically or by the rectum, and should be combined with belladonna. If there be not much pain or shock it is better avoided, since it increases constipation and may mask the symptoms. (8) A full dose of opium, administered hypodermically, will put a patient in a favorable condition for bearing a prolonged examination under ether and attempts at abdominal taxis. (9) In cases of uncertain diagnosis it is better to trust to the chance of spontaneous cure, or relief by repeated abdominal taxis, than to resort to exploratory operation; or in desperate cases iliac enterotomy should be done. Operations for the formation of artificial anus in the right or left loin may be resorted to whenever the diagnosis of incurable obstructive disease in the lower bowel is made. (10) The operation for the formation of an artificial anus through the anterior part of the abdominal wall and into the small intestines should be resorted to only in certain cases of insuperable obstruction in which the seat of disease is believed to be above the cecum. (11) In all cases in which the precise seat of the disease is doubtful, but the large intestine is suspected, the right loin should be preferred. If the colon here be found to be empty, the peritoneum may be cautiously opened and a coil of distended small intestine brought into the wound. (12) Cases of intestinal obstruction are strictly surgical, and not medical cases.—*Dr. Jonathan Hutchinson, British Medical Journal.*

TREATMENT OF OBESITY BY ARSENIC.

Dr. J. T. Whittaker states that he has employed arsenic with success in the treatment of four cases of obesity. One case was so severe that the patient fainted on the slightest movement; he had gained forty pounds in three months. He had no valvular lesions and had never had rheumatism. After the failure of all other methods of treatment, he was put on five drops of Fowler's solution three times a day. In two months he was restored to health, could walk well, and had lost much of his *embonpoint*. In the three other cases, two of which were complicated with asthma, the effect was also decisive but less rapid.—*Cincinnati Lancet.*

SOME REMEDIES TO EASE THE PAIN OF UTERINE CANCER.

Dr. Aus-Lawrence has compared the effect of various remedies easing the pain of uterine cancer.

The result of his investigations showed that ergot given in 30 minim doses every 6 hours relieved the pain better than any of the other ordinary medicines. This remedy acts probably by diminishing the hyperæmia of the uterus.

The hydrate of croton chloral is also of good effect in these cases, but it is of use more particularly for the radiating pains which are present in the side, thighs and back.

As a local remedy the author gives the preference to carbolic acid, of which he applies a concentrated solution by means of a wad of lint upon the diseased part. In addition to that the patient takes night and morning an injection of carbolized glycerine, and small blisters applied to the lumbar region are sometimes of service. These may be dressed by the application of an ointment containing a little morphine.—*Journal de Therapeutique.—Lyon Medicale.*

POST-PARTUM HEMORRHAGE.

Mr. Tyson, F.R.C.S., read a paper before the Kent Medical Society, detailing three cases of post-partum hemorrhage, in each of which perchloride of iron was injected into the uterus with good effect. The cases were adherent placenta, hour-glass contraction, and the last mainly one of inertia. In all, ergot, cold external and internal pressure were fairly tried. The strength of the iron solution was one of the strong liquor of the B. P. to ten of water. Stress was laid on the importance of syringing out the uterus for a few days after the labor; mention was likewise made of the good effect of the subcutaneous injection of the liquid extract of ergot, being apparently as useful, although a large quantity was required, as ergotin—the latter remark referring to those cases in which the stomach rejects every thing put into it.—*British Medical Journal.*

THE URINE OF THE INSANE.

M. Albert Robin (Société de Biologie, June 24) had occasion to examine the urine of a madman who died at the Hospital Beaujon, and communicates the very interesting results of his researches. The quantity of the urine was diminished to three hundred grams in twenty-four hours; the specific gravity was 1030; the reaction acid, remaining so after exposure to the air for eight days. The amount of solids was twenty-five grams in twenty-four hours, that of the urea only 10.22 grams, but uric acid, on the contrary, was present in large proportions. The chlorides were diminished, the phosphates nor-

mal; sugar and albumen were not present. In the sediment, after evaporation, he found crystals of the hippurate of calcium, margaric acid, leucine, and an enormous quantity of uric acid. Many bacteria of a special nature were found on microscopical examination. M. Robin asks whether it might be possible to inoculate madness by means of urine.—*British Medical Journal.*

ON THE EMPLOYMENT OF LISTER'S METHOD IN THE TREATMENT OF BURNS.

The burned part is to be carefully disinfected, and then covered with a piece of linen spread with Lister's boracic acid. Then follows the envelopment with carbolized gauze or salicylic cotton. According to H. Busch of Bonn, under this dressing the necrosed parts are separated, move gradually and easily, and the granulations never become exuberant. The most striking results, however, are seen in the cicatrix. Instead of the usual extensive cicatricial bridles which project above the surface and exert traction on the neighboring tissues, an almost smooth cicatrix forms, which remains elastic and extensive and does not cause contracture.—*Centralblatt f. d. Med. Wissen*

DR. SEATON ON RE-VACCINATION.

Generally speaking, the best time of life for re-vaccination is about the time when growth is completing itself, say from fifteen to eighteen years of age; and persons in that period of life ought not to delay their re-vaccination till times when there shall be a special alarm of small-pox. We are strongly of opinion that there would be a great deal more re-vaccination if the family medical man always made a point of drawing the attention of parents to the necessity of their adult children being re-vaccinated. We feel certain that as a rule medical men neglect to do this, little thinking how, by insisting on the repetition of the operation, they have it in their power to starve, and therefore to weaken the force of any future epidemic of small-pox.—*Report to the Local Gov. Board.*

FOR MOSQUITO BITES.

Rub on the bite a little soap (toilet), then allow a stream of cold water to run upon the part for three or four minutes. The itching is at once relieved and no further annoyance results.—C. J. S. DIGGES, in *Lancet*.

CHRONIC VARICOSE ULCERS.

Wash with an eight per cent. sol. of zinc chloride, then cover with *wet* borax lint, and over the latter spread gutta-percha tissues. When healthy granulations appear, cover the surface with *dry* borax lint, without the impermeable covering. This is said to give excellent results.—*N. Y. Medical Record.*

SCLEROTOMY IN GLAUCOMA.

Professor L. Mauthner, of Vienna, (in the *Wiener Medizin Wochenschrift*, for July, 1877,) has a long communication on the advantage of sclerotomy in glaucoma over iridectomy. He considers that the essential part of the operation of iridectomy is the division of the sclerotic at the margin of the cornea, and that the success of the operation depends upon the extent of the sclerotic divided; he thinks, therefore, that the above operation is more certain than iridectomy, as the extent of the scleral wound is greater. He relates that he has found many cases in which the large opening after iridectomy interferes seriously with the functions of the eye, and that he finds the removal of a segment of the iris to be quite an unnecessary proceeding; also, that in cases in which the segment of the iris has been incompletely removed, the tension has been reduced as well as in those in which no such failure has occurred; and that, when sclerotomy has been performed in the manner in which he describes the operation, the results have been more successful than those after Von Graefe's operation.

The following are his directions for the performance of the operation: Before the operation, a drop of a one per cent. solution of the sulphate of eserine is to be applied, when the pupil will undergo contraction, unless there is atrophy of the iris. If there be atrophy, he remarks that it is exceedingly difficult to avoid prolapse. In adults the operation should be performed without anæsthetics. The division of the sclerotic should be performed upwards; in case it is necessary to perform iridectomy on account of accidental prolapse of the iris, this is the most favorable position to do so. A Von Graefe's cataract knife is now to be entered a millimeter behind the edge of the cornea, and carried through as if to form a scleral flap by Wecker's method. After transfixion, the operation is completed by causing the knife to cut its way out very slowly, so that the aqueous humor may escape very gradually; it is in this manner that the prolapse of the iris is prevented. The flap is not, however, to be completed, but a small bridge is to be left at its upper part. The knife should not be withdrawn from the eye until just as the last of the aqueous humor has escaped; as it is withdrawn, its flat side is very gently pressed upon the iris. A drop of the solution of eserine is then applied, and the eye is dressed with the usual pad and bandage. This dressing is to be renewed after a few hours, and another drop of the solution of eserine applied. The patient should be kept in bed for forty-eight hours. If the iris prolapse, it may be returned, or the operation of iridectomy performed. He also hopes for good results from this operation in hydrophthalmus.—*London Med. Record*.

results obtained by him in the administration of arsenic in certain cases of anæmia, and those cases in which iron and good food had failed to produce any benefit. His attention was first directed to the power of arsenic in this respect by a paper published by Dr. Byron Bramwell, of Newcastle, in which he narrated several cases of essential or progressive pernicious anæmia, where remarkable benefit accrued from the administration of this drug. Whether it really has the power of curing this disease—a disease which has hitherto baffled the resources of our art, and the good results apparently promised by phosphorus in the hands of Dr. Broadbent not having been obtained, to any extent at all events, by other observers—remains for the future to determine. Certain it is that in cases of anæmia approaching in gravity the so-called essential or pernicious anæmia it is capable of producing great benefit. In support of this statement Dr. Lockie reports several striking cases.

MURIATE OF CALCIUM AS A THERAPEUTIC AGENT.

Dr. Robert Bell, (*London Lancet*), in speaking of this drug says, "Chloride of calcium possesses a most wonderful power in controlling, if not actually curing, many forms of tubercular disease. In my experience I have found no remedy on which so much reliance can be placed in tuberculosis as on this salt; more especially, however, this remark applies to the wasting diseases of children. It has been most extensively used by me during the past four years, and with the most gratifying results. Having prescribed it in every form of tubercular disease that has come before me during this period, perhaps a short account of my observations on the effect of the drug may not be uninteresting. The conditions which indicate the probable usefulness of the salt in children are, first of all, a falling-off in flesh. The child may take his food heartily enough—nay, his appetite may be better than usual—yet he becomes more attenuated every day, he is languid, oft-times sleepless, and the pupils are always very much dilated; when sleep does come on, the little patient frequently starts up in a fright, grinds his teeth, and convulsive twitching of the muscular system will often be observed,—these symptoms being evidently due to a large amount of undigested food in the lower bowel; oft-times there is a craving for stimulants, and a most extraordinary liking for potatoes and other articles of diet containing a large amount of starch. If the mother is questioned, the remark will often be made that the child takes his food so well as to make it quite beyond her power to understand how he does not thrive, but, on the contrary, is falling off every day. When we come to examine the patient, the face may appear to be pretty plump, but the arms and legs are miserably thin, soft and flabby, while the abdomen is greatly distended, having the cutaneous veins very much engorged. The evacuations should always be examined, when it will be observed that they are much

ON THE USE OF ARSENIC AS A BLOOD AND CARDIAC TONIC.

In a communication to the *British Medical Journal*, Dr. Lockie calls attention to the remarkable

greater in quantity than they ought to be, that undigested food can be largely traced in them, and that their fetor is excessive. Such a state of things distinctly points to great defect in the powers of digestion and assimilation. In fact, none of the food appears to have entered the child as nourishment, it having seemed to pass away in a state of putrid fermentation, while the body has been preying on its own tissues. It is in circumstances such as these that the beneficial effects of the muriate of calcium can be appreciated. Its powers in arresting such symptoms, in my opinion, are superior to cod-liver oil or iron; and, what is of no little advantage, very young children soon get to take it quite readily. Of course, when one is prescribing in disease of this kind, it is absolutely necessary to observe strict dietetic rules. In addition to the internal remedies, it will be of immense service if the abdomen of the patient is gently rubbed, night and morning, with olive oil, and afterwards a flannel bandage applied. With reference to diet, I insist upon a large quantity of milk, and the avoidance of starchy food and sweets. The medicine requires to be perseveringly used. Let me urge on my professional brethren to give it a lengthened trial, and not to be discouraged by an apparent failure. Muriate of calcium can do no possible injury to the economy, while in properly selected cases it will be of incalculable service." The dose for the adult of muriate of calcium is twenty grains, repeated three times a day after meals; diminish the dose to suit the age of the child; from three to five grains may be given to an infant.

TREATMENT OF ASTHMA BY IODIDE-OF-POTASSIUM SPRAY.

Dr. Evrard, of Orsennes, has obtained very satisfactory results, in a severe case of asthma, from the use of a spray of iodide of potassium. The patient, a man thirty years of age, had suffered for eight months from daily attacks of asthma, and had also been subject to chronic bronchitis for five years. At the time the treatment was begun he had three or four attacks a day, and was reduced to a pitiable condition. After assiduous use of the spray for eight days the asthmatic attacks had almost entirely ceased. Eighteen months have elapsed since then, but the patient continues to use the spray, and the attacks have not recurred. The strength of the solution used was one to twenty. The periods of inhalation were short, but frequently repeated.—*Boston Jour. of Chem.*

THUMB-SUCKING AND IRREGULAR TEETH.

Dr. Chandler, in a paper published in the *Boston Journal*, August 15th, states that there is no cause so productive of malformation of the bones of the mouth and irregularity of the teeth as the habit of thumb-sucking during infancy, the different positions of the thumb giving rise to different kinds of deformity.

EPILEPSY.

Dr. Mordough, of Flatbush, highly recommends the hypodermic use of veratrum viride in recurring epileptic attacks; that is, in a series of attacks with an interval of only a few moments. His formula is: Morph. sulph., gr. ijss; tinct. verat. verid., aquæ, a a ʒ ss. M. S. Use twenty minims of the solution, representing ten minims of the U. S. P. tinct., and about a tenth of a grain of morphia.—*Phila. Drug. and Chem.*

THE PITH OF DRIED CORN STALK AS A UTERINE TENT.

W. T. Goldsmith, M.D. (*Southern Medical Record*, September 20th, 1878), says that he has used the dried pith of the corn stalk as a uterine tent for the last seven years, and finds them (the tents) to possess decided advantages over sponge tents. During the seven years the doctor has used these tents he has not had a single accident attributable to their use.

The tents are easily shaped of the proper size to which the dilatation is to be carried, and then the tent can easily be compressed to one-fifth its original size. The tent can be inserted without exposure of the patient, but not so readily.

Among the advantages of the corn-pith tent are the following:

It dilates effectually, but not too rapidly.

It is smooth, soft, and can be removed without force.

It produces no lacerations, abrasions, or irritation of the mucous membrane.

It can be medicated with any substance as easily as the sponge or cloth tent.

It is of vegetable origin, and hence does not become putrid and poisonous to the patient.

It may be retained non-compressed for days without injurious results, if no pain occurs.

A number of small tents, filling up the cervical canal, may be used for more rapid expansion.

It can be prepared in a few minutes, of any desired curve, size and length.

Any degree of compression may be given to it, or it may be used without compression.

It may be perforated like the sea-tangle, and its power of absorption increased by pricking its surface.

It will not break upon introduction in the cervical canal, and can be bent without breaking on removal.

OXIDE OF ZINC IN DIARRHŒA.

Dr. Jacquier, in the service of Dr. Bonamy, at Nantes, has noted the excellent effects of the following formula: Zinc oxide, gr. liv.; soda bicarbonate, gr. viijss. M. Divid. in pulv. iv. Sig.—One every six hours. In all cases the zinc produced rapid cures, even in chronic cases.

IODOFORM IN EYE DISEASES.

Mr. Patrick J. Hayes, of Dublin, calls attention (*Med. Times & Gaz.*) to the value of iodoform as a therapeutic agent in the treatment of certain sub-acute and chronic diseases affecting the eyes and eyelids.

Many practitioners are of course aware that for a considerable time iodoform has been used as an application in cases of trachoma or granular lids, and reports have been published, in America and elsewhere, illustrative of the good results which frequently ensue upon its employment. Mr. Hayes has not, however, seen any recommendation of it for such cases as phlyctenular and pustular ophthalmia, corneal ulceration, obstinate keratitis, ciliary blepharitis, etc., hence, as he has found it to benefit several patients so affected, he ventures to invite for it a trial at the hands of his *confrères*. With respect to the method of application, it is his custom to crush the crystals until they become reduced to a very fine powder, and then, with a delicate camel's hair pencil, the powder is freely dusted over the affected surface. For use upon the eyelids such an ointment as the following will be found convenient: Iodoform 1 part, vaseline 4 parts; mix.

Iodoform, when brought into contact with the eye does not give rise to pain, and children who have once experienced its effect will readily tolerate subsequent applications.

Mr. Hayes adds that it is not suitable for and ought not to be used during the early or acute stage of conjunctivitis.

TREATMENT OF OBSTINATE HICCUGH BY PILOCARPINE.

Dr. ORTILLE, of Lille (*Bull. Général de Thérap.* 1878), gives an account of a case of obstinate hiccough in which, after trying all the usual remedies, he had recourse to electricity. For a few hours the application appeared to prove successful; but the hiccough returned. Remembering what he had read of the action of pilocarpine upon the phrenic nerves and of the vomiting which often follows its use, he injected two-fifths of a grain of pilocarpine under the skin. The effect was almost instantaneous. A quarter of an hour after the injection the patient was covered with sweat, salivation was established, and the hiccough had definitely ceased.—*London Med. Record*, Oct. 15, 1878.

REMOVAL OF MOLES UPON THE FACE.

Dr. Llewlen Thomas advises (*British Medical Journal*) the use of the acid nitrate of mercury for the removal of moles upon the face. No pain attends the application, if care be taken to prevent touching the surrounding skin. The growth gradually shrivels away; the slough falls off in about a week, leaving only a very faint depression like a very indistinct small-pox mark.

THE CANADA MEDICAL RECORD, A Monthly Journal of Medicine and Pharmacy.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D.L.R.C.P., LOND.
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MONTREAL, JANUARY, 1878.

TO SUBSCRIBERS.

Please look at your address labels. If you are in arrears, and the dates will show, please remit at once.

THE SPECIMEN COPY NUISANCE.

We had thought that the remarks which appeared about a year ago in a number of medical journals throughout the country, our own included, had struck a death-blow at this contemptible swindle. It seemed so, for at least a time we did not receive the usual postal card, written in the usual complimentary style; but a revival is again coming around; if crushed they have not been killed. During the past month we have received six such requests for specimen copies, and, what is somewhat singular, is the fact that two of these have been from places where about a year ago we received similar requests. The handwriting of the cards is identical with that received a year or so ago, although the names signed are different. We send specimen copies only on receipt of twenty cents.

CANADA VINE GROWERS' ASSOCIATION.

Messrs. McGibbon & Baird, of Montreal, keep the Wines of Canada Vine Growers' Association for sale, either in wood or bottle.

WOMEN'S HOSPITAL, MONTREAL.

We direct the attention of our readers to the advertisement of this institution, which has now been in operation some five years. It contains a general department for diseases peculiar to women, and a lying-in department, where patients can receive every attention. Poor patients are received from a distance, at a purely nominal figure, while private rooms and attendance can be had at rates according to accommodation and attendance. Applications to directed to the Matron.

PERSONAL.

Dr. George F. Slack has resigned his position as one of the attending physicians to the Montreal Dispensary.

Dr. Alexander Blackader has been elected as one of the attending physicians to the Montreal Dispensary, in place of Dr. Slack resigned.

Dr. Bergin, M.P. for Cornwall, Ont., delivered an address before the St. Patrick's Society of Montreal. The address was worthy of the doctor's reputation as an orator, and was patriotic both as regards Ireland and Canada.

Dr. A. Laphorn Smith, (M.D., Laval University), has commenced practice in Montreal. Dr. Smith is a son of the respected Deputy Minister of Marine and Fisheries.

Dr. Tunstall, (M.D., McGill University, 1875, and gold medallist), has commenced practice in Montreal.

OBITUARY.

Among our obituary notices will be found the name of Dr. Herbert C. Fuller, who died in Montreal on the 10th day of January. Dr. Fuller was a brother of Dr. William Fuller, who, for many years, was so well and so favorably known in our city, and who only left us a few months ago to take up his abode in the West. Dr. Herbert C. Fuller began his studies at McGill University, but passed his last two years at Bishop's University, at which he graduated in the Spring of 1878, having during his attendance at this school filled most acceptably the position of Curator of the Museum. He was distinguished for his love of, and special adaptedness for, the study of Anatomy, in which branch of medical science he promised to take a most distinguished position had his life been spared. A year before he graduated, however, phthisis began to develop itself and, although he manfully fought against his malady, he finally succumbed. His fellow-students will mourn his early decease.

Dr. Thomas Edward Hayes, whose name is also among our obituary notices, died in Ireland in November. He was possessed of several Irish medical qualifications, occupying for some seven or eight years the position of Resident Surgeon to the Richmond Lunatic Asylum, Dublin. He came to Canada some three years

ago, and, after attending Bishop's University for a session, graduated in the spring of 1877. Although, from his physical conformation, almost the last person in whom the development of phthisical disease would be looked for, he was predisposed to it from his family history. About eighteen months ago he was prostrated by an attack of hæmoptysis, and the disease made rapid progress. Last summer he left his family in Montreal and took a trip across the Atlantic, in the hope of receiving benefit. He had hardly reached the other side when he was again prostrated, and, although he rallied to some extent, he was never able to re-cross the Atlantic. Although he died away from his family, his last moments were soothed by the kind attention and warm devotion of a sister.

EXTRACT OF MALT.

Testimony as to the value of this medicinal agent is being steadily and increasingly brought to our notice in the European and American press. Niemeyer, Oppolzer, Werber, Bock, Hoppe-Seyler, Heimerdinger, Juergensen, Shrøder and Ziemssen, in Germany; Trousseau, Gosselin, Hardy, Mauduit and Pillois in France; Ramagalia, Testa and Taglia, in Italy; Aitken, Anstie, Richardson, Chambers and Thompson, in England, are among the foreign writers who speak in favorable terms of its use. In America the testimony is to the same effect. In Canada, where its introduction is of comparatively recent date, it has grown so rapidly in favor that there are few practitioners—in this vicinity at least—who do not regularly prescribe it. The range of its application is so wide that abundant opportunities present themselves for every one to determine its merits. It is officinal in Germany, where it is fixed in the front rank of therapeutic agents. Dr. Niemeyer says: "The class of diseases in which the chief, if indeed not the only, task of the physician is to maintain or restore the strength and nutrition of the patient is very large. For several years past, to meet these indications, instead of prescribing Cod Liver Oil, which I was formerly in the habit of doing, I have employed, almost exclusively, Malt Extract, and with the very best effect." According to Prof. Douglas, 1000 parts of the Trommer Extract of Malt (which is the standard American preparation) contains: Malt sugar, 46.1; dextrine, hop bitter, extractive matter, 23.6; dias-

tase, 2.469; ash-phosphates, 1.712; alkalies, .377; water, 25.7. In comparing the above analysis with that of the Extract of Malt of the German pharmacopœia, as given by Hager, he finds it to substantially agree with that article. Malt Extract, with its combinations, has been recommended and deserves a trial in the following diseases: anæmia, chlorosis, marasmus, dyspepsia, neuralgia, insomnia, pulmonary and bronchial affections, dysentery, constipation, scrofula, convalescence from exhausting diseases, etc. We give the formulæ of the various combinations prepared by the Trommer Extract of Malt Company, whose high standing is sufficient endorsement of their guarantee as to the prime quality and absolute reliability of their preparations:—

Ext. of Malt with Hops, (Plain.)

Each Tablespoonful contains—
Hops..... 6 grains.

Ext. of Malt (Ferrated,)

Each Tablespoonful contains—
Pyrophosphate of Iron..... 4 grains.

Ext. of Malt with Cod Liver Oil,

Each Tablespoonful contains—
Extract of Malt..... } Equal parts.
Cod Liver Oil..... }

Ext. of Malt with Cod Liver Oil and Iodide of Iron.

Each Tablespoonful contains—
Extract of Malt..... } Equal parts.
Cod Liver Oil..... }
Iodide of Iron..... 1 grain.

Ext. of Malt with Cod Liver Oil and Phosphorus.

Each Tablespoonful contains—
Extract of Malt..... } Equal parts.
Cod Liver Oil..... }
Phosphorus..... 1-100 grain.

Ext. of Malt with Pepsin,

Each Tablespoonful contains—
Pepsin..... 6½ grains.
Hydrochloric Acid..... 2½ minims.

Ext. of Malt with Alteratives.

Each Tablespoonful contains—
Chloride of Calcium..... 10 grains.
" " Potassium..... 2 "
" " Magnesium..... 5 "
Iodide " Calcium..... 4 "
" " Iron..... 1 "
Bromide " Sodium..... 2 "

Ext. of Malt with Hypophosphites.

Each Tablespoonful contains—
Hypophosphite of Lime..... 2 grains.
" " Soda..... 1½ "
" " Potassa..... 1 "
" " Iron..... 1 "

Ext. of Malt with Citrate of Iron and Quinia.

Each Tablespoonful contains—
Citrate of Iron and Quinia..... 4 grains.

Ext. of Malt with Iodides.

Each Tablespoonful contains—
Iodide of Manganese..... 1 grain.
" " Iron..... 1 "

Mr. Gibson, agent for the Trommer Extract of Malt Company, is at present visiting the Physicians in the cities of this Province, and we have no doubt will be cordially received. He is desirous of securing reports from physicians of their experience in the use of these preparations, and requests us to say that such courtesy would be very highly es-

teemed. Address: P. O. Box 724, Montreal. He will also be glad to answer any enquiries, and to furnish samples on application.

CURRENT LITERATURE.

New Books published in December, 1878.

MEDICINE, SURGERY.

Posture, The Influence of, on Women in Gynecic and Obstetric Practice J. H. Aveling, M.D. Ill. 8vo, 182 pp., \$2. *Lindsay & Blakiston.*

Progressive Locomotor Ataxia, Diagnosis of. E. C. Seguin, M.D. 8vo, 25 pp., sewed, 25c.

G. P. Putnam's Sons.

Pulmonary Consumption, The Treatment of, by Hygiene, Climate, and Medicine. James Henry Bennet, M.D. Third London ed. 8vo, 286 pp., \$2.50. *Lindsay & Blakiston.*

Section-Cutting. A Guide to the Mounting, etc., of Sections for the Microscope. Dr. Sylvester Marsh. 12mo, 87 pp., 80c.

Lindsay & Blakiston.

Commencing with the first of 1879, the *Archives of Dermatology* will be published by J. B. Lipincott & Co., of Philadelphia. The editorship will be unaltered, but we understand that the journal will be enlarged, and renewed efforts made in every direction to establish its growing reputation.

Amongst the most attractive presentation books recently issued may be classed those of the series of Illustrated Hymns in course of publication by the well-known Boston publishers, Messrs. Lee & Shepard. We have to acknowledge receipt of two of these, "Nearer my God to Thee," and "Rock of Ages." Generally esteemed amongst the brightest gems of Christian harmony, these exquisite hymns assume new attractions when accompanied, as they are, by illustrations which, to quote from a contemporary, "breathe a spirit of prayer."

For sale by Dawson Bros.

MEDICAL ALUMNI ASSOCIATION OF THE UNIVERSITY OF BISHOP'S COLLEGE.

At the last regular meeting, held January 19th, Mr. Nelson read a paper on "Antiseptic Surgery." At the next meeting, to be held February 3rd, Mr. Houston has promised to give a paper on "Gonorrhœal Rheumatism," and Dr.

Wolfred Nelson one on "Purpura Hemorrhagica." The following officers were elected for the ensuing year: President, Dr. Wm. Macdonald, Montreal, re-elected; 1st Vice-President Dr. Wolfred Nelson, Montréal; 2nd Vice-President, Dr. J. T. Davis, Amsterdam, British Guiana; 3rd Vice-President, Dr. Wm. Young, Hong Kong, China; 4th Vice-President, Dr. Lanouette, Gentilly, Que., re-elected. Council, Dr. Graveley, Cornwall, Ont.; Dr. Costigan, Indianapolis, Ind., U. S., and Dr. A. Kerry, Montreal. Honorary Treasurer, Dr. Hart, Bedford, Que., re-elected. Secretary, Dr. C. A. Wood, Montreal.

It was moved and seconded, and unanimously resolved that, "having learned with the deepest regret of the death of three members of this Association, viz., Dr. H. N. Curtis, of Dunham, Que., Dr. T. E. Hayes, of Montreal, and Dr. H. C. Fuller, of Point St. Charles, we desire to place on record our deep sense of the loss that we, and the profession generally, have sustained thereby, and to express our heartfelt sympathy with the bereaved families; and be it further resolved, that a copy of this resolution be forwarded to the wives of the deceased, and to the public press.

C. A. WOOD, M.D.,
Secretary.

LUNATIC ASYLUMS IN THE PROVINCE OF QUEBEC.

To the Editor of THE CANADA MEDICAL RECORD.

DEAR SIR,—Your readers being very interested parties as to the mode of procedure to obtain orders for the admission of patients into either of these Asylums, I beg to inform them that, by virtue of an Order in Council, passed in the month of November, 1878, at the suggestion of the Honorable Provincial Secretary, Mr. Marchand, under *no circumstances whatever* can any *non-paying* patient be admitted into either of these asylums without a Government order, and this order can *only* be obtained by making an application for it to the Honorable Provincial Secretary, Quebec. When application is made to him, the applicant at once receives all necessary information.

Truly yours,

H. HOWARD, M.D.,

Government Medical Attendant, Lunatic Asylum,
Longue Point, (P. Q.)

Montreal, 26 Berri Street,
December 24, 1878.

CURIOUS, IF TRUE.

The Chicago *Medical Times* (Eclectic) reports a marvelous case of a woman who lived four years and three months without the least discharge from the bowels. The urine was evacuated by the catheter, but sometimes only once in three weeks. She took nourishment, but vomited afterward. No post-mortem.

PHTHISIS IN AUSTRALIA.

A valuable report has been issued by a committee of the Medical Society of Victoria. It winds up with the following conclusions, based upon carefully collated data.

1st. The mortality from phthisis in Victoria is little more than half of that in England.

2nd. The rate of mortality from phthisis in Victoria has been perceptibly less of late years.

3rd. That rate is especially low among persons under 15 or 20 years of age, and has been very greatly reduced between 1861 and 1871.

4th. The reduction of the mortality among young persons is to be explained by a comparative immunity among those born in the colony.

5th. The apparent increase of mortality among young adults is due to the influx of phthisical persons from abroad.

6th. The uniformity in the rate of mortality over the whole colony for a good many years is owing to certain insanitary conditions operating especially in Melbourne, since for the rest of the colony the rate was reduced by about one-third between 1861 and 1871.

BIRTHS.

In Barrie, on the 18th December, the wife of Dr. Oliver of a son.

At Galt, on the 22nd November, the wife of Dr. Sylvester of a daughter.

At Toronto, on the 30th November, the wife of I. H. Cameron, M.B., of a son.

At Hawksville, on the 12th December, the wife of Dr. T. W. Vardon of a daughter.

At Montreal, on the 21st of January, the wife of W. A. Molson, M.D., of a daughter.

DIED.

At Montreal, on the 10th of January, Herbert Cooper Fuller, C.M., M.D.

At Annagurra House, Ballinlanders, Knocklong, near Dublin, Ireland, on the 29th November, 1878, Thomas Edward Hayes, C.M., M.D., of Montreal, aged 40.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

MONTREAL, Jan. 16, 1879.

To the Editor MEDICAL RECORD.

May I draw your attention to the fact that, notwithstanding the British Pharmacopœia is the sole authority in this Dominion for making tinctures, extracts, pills and all other pharmaceutical preparations, the students and graduates of the French School of Medicine in Montreal do not seem to know the book, and many of them (most of them) have never seen it. This seems very strange, and is a great injustice done to these students, for how can they intelligently prescribe medicine if they do not know the formula by which it is made? A physician, graduate of this school, who keeps a drug store, applied to me for a preparation, saying he could not find mention of it any where. I asked him if he had looked into the British Pharmacopœia, and he admitted *he did not possess the book*, but had referred to the U. S. Dispensatory, 13th edition, and to the Matière Medicale des Sœurs de la Providence. Now the "additions" to the British Pharmacopœia, published since the 13th edition of the U. S. Dispensatory and the Nuns' book, *he had never heard of*. Now, sir, I am quite willing to grant a great deal to national sentiment, but national sentiment won't go far towards building up a practice, especially if these young men emigrate to Ontario, and request the druggists there to refer to the "Matière Medicale des Sœurs de la Providence."

Yours truly,

"CANADIAN."

MILK AS A PREVENTIVE OF WHITE LEAD POISONING.—A singular fact is given in the *Journal de Médecine* of the effect of the habitual use of milk in white lead works. In some French lead mills it was observed that in a large working population two men who drank much milk daily were not affected by lead. On the general use of milk throughout the works the colic vanished entirely. Each operative was given enough extra pay to buy a quart of milk a day. From 1868 to 1871 no cases of colic had occurred.—*Sanitary Record*.

RULES FOR LIVING.—The Burlington *Hawk-eye* gives the following directions to those who desire to live a long life. They are compiled from eleven different health journals, hence we can cheerfully commend them: 1. Rise with the sun. 2. Never rise before seven o'clock. 3. Drink a glass of cold water before breakfast. 4. Never drink until you are through eating. 5. Eat nothing but Graham bread and vegetables. 6. Eat plenty of roast beef and mutton well done. 7. Bathe every day. 8. Never bathe oftener than twice a week. 9. Always sleep in a cold room. 10. Never sleep in a

room with the temperature lower than 45 degrees. 11. Drink nothing but water. 12. Drink nothing but milk.

OXIDE OF ZINC is recommended as a specific for the tremor of chronic alcoholism.—*Cincinnati Lancet*.

NEW PHYSIOLOGICAL PROPERTY OF STRYCHNIA.—It is asserted that strychnia, by increasing the arterial pressure, increases the secretion of the mammary glands in some cases as much as fifteen-fold.—*Druggists' Circular*.

EXTRACT OF PIMENTO AS A REVULSIVE. (DR. ED. COUTURIER.)—In cases where the persistent and blistering properties of cantharides would produce too great an effect, and where the ordinary rubefacients, as tartar emetic, croton oil, and thapsia, are not active enough, the extract of pimento may be used, which produces intense rubefaction within ten to thirty minutes. Particular care must be taken to clean the hands after handling it, so as not to get any into the eyes, nose, or mouth.

PIMENTO AS A REVULSIVE.—To the list of revulsives and local irritants, M. Lardy adds the extract of pimento. The color of the extract, like that of the fruit, is a beautiful red. By being incorporated with a plaster, it may be spread upon cloth or paper, and adheres to the surface of the skin without warming. It acts rapidly, ten to twenty minutes being the usual limit, according to the point of application and sensitiveness of the skin. From the outset it causes heat, redness and slight smarting. These phenomena increase in degree for about three hours, and then remain stationary. Neither the heat nor smarting are painful, and do not hinder the patient continuing his occupation. There is no itching, and the effect remains localized. Compared with mustard, it is of about half the strength of the latter.

ESSENTIAL OILS.—Tunis is justly celebrated for its essences, such as ottar of roses, jasmine, cassie, quince, narcissus, henna, aloes, apple, orange, lemon (both acid and sweet), scented poplar, sambak, or double jasmine of Arabia. These ottars are held in great esteem on account of the delicacy of their perfume, but, owing to their high price, a very small quantity is exported, and they only serve for local consumption. The price per metical ($4\frac{1}{2}$ grains) of these ottars or essences is—roses, cassie, henna, quince, 9s. 7d., for jasmine, £1, double jasmine, 31s. 8d., orange and lemon, 4s. 9½d. A very large quantity of rose, orange flower water, and mint water is likewise distilled, with which the natives perfume their sherbets and sweetmeats.

ADULTERATION OF CREAM OF TARTAR.—Dr. Squibb, of Brooklyn, at a recent society meeting, gave some interesting statistics as to his experiments on the purity of this drug, in which he had found samples as offered for sale to vary

from 10 to 12 per cent. of pure cream tartar, the adulterations consisting of tartrate of lime and terra alba. He also told how one could go to stores in New York, where he would be taken into a room in which a sample table is set with different grades of terra alba. One, you are told, will make a beautiful, bright cream tartar, another a dull one, and so on, from one end of the table to the other, each having a particular use.—*Med. and Surg. Rep.*

CASTOR OIL BEANS are now grown as a crop in the United States. In one western county alone 2,773 acres were laid down in it last year, the average crop being 12 to 15 bushels per acre. A bushel of good seed is said to yield there about 2½ gallons of oil.

A NEW STIMULANT.—The *British Medical Journal* gives a long account of a new stimulant which has lately been described by the papers of Australia. It is called pitcherine by the natives, and is used by them as we use tobacco, both for smoking and chewing. Its effect is that of a pleasant exhilaration; when long continued, intense and continuous excitement follows. It is used when on long foot journeys to invigorate and keep up the strength, or excite them to courage in battle; large doses are said to infuriate all the passions. Some of the natives make a plaster of the plant and place it back of the ears, believing they are influenced by it.

THE KORONICO PLANT.—John Arthur Francis indorses statements recently made in an English journal with regard to the value of the koronico plant of New Zealand (a species of broom) as an astringent, and the value of its employment in appropriate cases of diarrhoea. He says that it is an old and well-known remedy among the Maories and up-country shepherds, especially for intestinal disturbances arising from drinking stagnant swamp-water in dry seasons. The usual mode of using it is by making a strong infusion of the young leaves.

ENGLISH EARTH is the name given in America to terra alba or plaster of Paris, of which, according to an exchange, "tons upon tons are imported for the express purpose of adulterating white powders of various kinds, notably cream of tartar."

ADULTERATED SODA.—Mr. J. H. Swindells writes to the *Chemical News* to say that he has found all the samples of Scotch or bastard soda or washing soda which he has examined to be nothing more than sulphate of soda.

ESSENCE LEMOINE.—Watchmakers' oil—is made by distilling from a water bath a mixture of 200 parts coal-tar benzin, 10 parts lavender oil, 5 parts bergamot oil. It must be carefully protected from air and sun-light. Our watchmakers use the benzine of commerce.—*Hager.*

THE EUCALYPTUS IN ALGERIA.—Consul-General Playfair writes: "Formerly it was impossible for the workmen at the great iron mines of Mokta-el-Hadid to remain there during the summer; those who attempted to do so died, and the company was obliged to take the laborers to and from the mines every morning and evening, 33 kilos each way. From 1868 to 1870 the company planted more than 100,000 Eucalyptus trees, and now the workmen are able to live all the year through at the scene of their labors."

POISONING BY SALICYLIC ACID.—A case is reported from Wreschen, in Prussia, where a patient suffering from acute rheumatism was poisoned by impure and partially decomposed salicylic acid. After the first dose of about 12 grains he began to perspire very freely; the perspiration increased with two more succeeding doses, and after the fourth dose violent headache and vomiting supervened, followed by coma and death.—*New Remedies.*

HOMOEOPATHIC CURE FOR THE OPIUM HABIT.—Dr. J. H. Haynes, M.D., of Pittsburg, Pa., has published his method of cure in the *American Homoeopathist*, in an article reprinted in the *Monthly Homoeopathic Review*. The case, given in details is of a woman who had taken morphia for fifteen years, during the last five of which her daily dose had been two grains. Her treatment was as follows: Morphine was strictly forbidden. *Ipecac* tincture, 30 m., was mixed with one-half glass of water, and a teaspoonful was ordered to be taken every hour, or less frequently if it should nauseate. Three days after the commencement of the treatment the patient would hardly take morphia, even if allowed, and since that time, now five years ago, the desire for it has never once returned. Dr. Haynes says that he has treated forty cases in the same way, giving 1·5 for each grain of morphine, or its equivalent of opium in the daily dose. In two cases only has he failed, in both of which his patients continued to take the drug secretly while under treatment.

TEMPERATURE OF FLAMES.—F. Rosetti finds the temperatures of the flame of the Bunsen burner to be: In the external envelope, 1,350°; in the violet portion, 1,250°; in the blue, 1,200°.

MATE AS A SUBSTITUTE FOR TEA AND COFFEE.—Mr. O'Onor, of the British Legation in Brazil, calls attention, in a recent official report, to yerba maté, an article largely cultivated in the province of Parana, and exported to neighboring South American countries, but hitherto not on the list of exports. He says it is more fortifying and alimentary than either tea or coffee, and much more wholesome, and can be sold at a price so moderate as to place it within the reach of all classes. He states that the Minister of Agriculture has appropriated a

small sum for the purpose of making this excellent plant known in Europe.

SULPHUR has been discovered in immense quantities at Chillan, Chili. The quality is so fine that it only needs grinding and sifting to be fit for market.

THE MASSACHUSETTS COLLEGE OF PHARMACY has moved into the "Old Franklin School House," on Washington Street, near Dover, in Boston, where its usual winter course has already opened under favorable auspices. The library and laboratory possessed by the school are among the best in the country, and the graded two years course, with compulsory and free laboratory instruction, are among the features which commend this school to students.

THE PITTSBURG COLLEGE OF PHARMACY entered upon its first session on the 1st inst., with Francis C. Phillips as Professor of Chemistry; W. C. Reiter, M.D., as Professor of Materia Medica and Botany; and S. Henry Stevens, M.D., as Professor of Pharmacy. Six lectures weekly for 20 weeks will constitute the course. A. J. Rankin is Corresponding Secretary, and may be addressed at the corner of Fourth and Ferry Streets.—*New Remedies.*

TRIMETHYLAMIA or Pseudo-propylamia is now manufactured in large quantities from beet-root mash. The dealers in chemicals in Europe sell the article promiscuously under the names *Propylamine* or *Trimethylamine*.

NITRITE OF AMYL IN SEA-SICKNESS.—Dr. Crochley Clapham, of Surbiton, has recommended in the *Lancet* the inhalation of nitrate of amyl as a preventive of sea-sickness. He recommends some capsules containing the drug manufactured by Allen & Hanbury, one of which can be broken as required. A handkerchief is moistened with the liquid, and applied to the mouth and nostrils. Dr. Clapham's experience with this drug has been confirmed by other physicians. The theory is that sea-sickness being due to a pressure of blood on the brain, the nitrite acts by relieving the congestion.

LIQUID DENTIFRICE.—A formula is given in our 1877 Diary, thus:—

Fine potash soap..... 3 ozs.
 Cream tartar..... 1 drachm.
 Alcohol sp. gr. .91018 ozs.
 Distilled perfumed water ... 6 ozs.
 You can flavor or color this to fancy.

TO REMOVE RUST FROM STEEL.—Steel which has rusted can be cleaned by brushing with a paste composed of $\frac{1}{2}$ oz. cyanide potassium, $\frac{1}{2}$ oz. Castile soap, 1 oz. whiting, and water sufficient to form a paste. The steel should first be washed with a solution of $\frac{1}{2}$ oz. cyanide potassium in 2 ozs. water. To preserve steel from rusting, a good method is to paint it with melted caoutchouc, to which some oil has been added.

The caoutchouc must be melted in a close vessel, to prevent its burning, and should be frequently stirred. It is also said that dipping the steel in a solution of common soda (about 1 in 4) will preserve it from rusting.

GOLD SOLUTION.—To a drachm of solution of terchloride of gold add two ounces of ether, and shake together. Polished steel articles immersed in this clear liquor will become covered with a thin film of gold.

POSTAGE-STAMP MUCILAGE.—The following is said to be the formula for the mucilage used on the United States postage stamps:—

Dextrine 2 ounces.
 Acetic acid 1 ounce.
 Water 5 ounces.
 Alcohol 1 ounce.

Add the alcohol to the other ingredients, when the dextrine is completely dissolved.

MILK A SOLVENT OF QUININE.—Attention has recently been called to the fact, not generally known, that milk not only acts as a solvent of quinine, but also to a certain extent disguises its bitterness. It is stated that if one grain of the sulphate be dissolved in an ounce of milk, the bitterness of the salt is scarcely perceptible, while even two grains of the same quantity of solvent do not make it bitter to a marked degree. Five grains may be taken in two ounces of milk without rendering it particularly disagreeable, and if this be added to a tumblerful of milk, nearly all the bitterness disappears. The resident surgeon of the Birmingham General Dispensary recommends the use of a solution of quinine, in glycerine, in the proportion of one grain to one drachm, the dose being administered in a wine-glassful of milk. The method would seem to present special advantages in the administration of quinine to children.—*New Remedies.*

The *Medical Times* tells a humorous story of the late Sir Charles Locock, as an evidence of his powers of repartee. His great repute had induced certain vendors of quack medicine to advertise cough lozenges under the title of "Locock's Pulmonic Wafers," or "Locock's Cough Lozenges." This, of course, caused him some annoyance. One morning he met the Duke of Wellington in Hyde Park, who said, "Locock, I have a bad headache from taking your damned lozenges." "Well," said Sir Charles, "I might as well say that I am lamed by wearing your damned boots, for I wear Wellington boots." We may add that there are gentlemen in London quite prepared to supply anecdotes of this kind at a moderate price per score.

TO MAKE DRESSES INCOMBUSTIBLE.—A serious accident in a factory led one of the owners to experiment as to the cheapest and best sub-

stances for making dresses incombustible. He found that a 5-per-cent solution of ammonium phosphate accomplished this purpose.

ONE FOR THE DOCTORS.—The following *bon-mot* is of French origin. A lady in delicate health asks a cynical friend whether she shall consult an allopathic or homœopathic practitioner. "It matters but little," is the reply. "The first will kill you, the second will let you die."

HOMŒOPATHIC TREATMENT OF TAPE-WORM.—Every one is acquainted with the fact that a snake is charmed by the sound of soft music; but it remained for a German homœopath to discover that the tape-worm is susceptible of the same influence. So, at least, we are informed by our contemporary, the *Vienna Medical Press*. The inferior orifice of the patient's intestinal canal is placed in communication with a musical box, which is set a-playing. "We have not long to wait," the homœopathic doctor naively remarks. The tape-worm quickly makes his appearance head foremost, and winds himself along the connecting link toward the instrument. The latter is soon embraced in its turn, and the cure complete, for the parasite has, so to say, abstracted himself.—*Medical Examiner*.

CROTON OIL PENCILS.—For the local application of croton oil, M. Limousin recommends (*Répert de Pharm.*, 1877) the use of pencils made according to the following formula:—Two parts of croton oil are added to one of cacao butter and one of white wax, melted over the water-bath. When the mixture begins to cool, it is poured into cylindrical moulds, in which it soon solidifies. Although the pencil only contains 50 per cent. of oil, yet, owing to the avoidance of all loss through volatilisation, the revulsive action of the drug is found to be even more powerful in this form than in its natural condition, and it has been successfully employed with the view of obtaining this action by Dr. Jules Simon, at the *Hopitals des Enfants Malades*. Dr. Failler has used these pencils in the treatment of tinea tonsurans. The pencils retain their properties for several months.

Shampoo Lather.—Cut 2 lbs. best oil-soap into dice; place them in an earthen pot with water and a little crystallized soda. Boil over a slow fire. After skimming, the soapy mass may be perfumed and colored to suit the ideas and taste of those concerned.—*The Perfumer's and Hairdresser's Gazette*.

FATAL EXPLOSION OF AN OXYGEN RETORT.—On Oct. 16 Mr. Edward John Wrench, son of Mr. Wrench, the well-known optician, of Holborn, was engaged in making oxygen at his residence, in 39 Gray's Inn Road, when the retort exploded, smashing the fire-grate, blowing the windows out of the sashes, and filling the rooms with dense smoke. Mr. Wrench was fearfully injured; he had sustained a cut 6 inches long in the chest, which exposed the

lungs, and a jagged wound on the left side of the neck, exposing the muscles and veins. Mr. Reginald Taylor, surgeon, was called in, but the sufferer died within half-an-hour from collapse and hemorrhage. Mrs. Elizabeth Gibson was also fearfully burned about the face. The details given in the public reports do not account for the explosion. It does not, however, stand alone. At least two other fatal explosions have occurred, within recent years, during the manufacture of oxygen. In both of these binoxide of manganese was used as the source of the gas, and it was afterwards discovered that the oxide was adulterated in one case with soot, and in the other with antimony sulphide. These mixtures are as dangerous as gunpowder when placed under the conditions required for the manufacture of oxygen, and it is always wise to test beforehand the material about to be used.

INCOMPATIBILITY OF CALOMEL WITH CERTAIN BROMIDES.—Mr. Norman A. Kuhn has studied the action of calomel with the bromides of potassium, sodium, ammonium, and zinc, and finds that a portion of the calomel is converted into a soluble mercuric salt, a considerable portion of the calomel, under some circumstances, being thus changed. This new-formed salt is poisonous, a kitten having been killed by some of it in the course of an hour and a half.

"A SHORT CUT TO THE TINCTURES OF THE BRITISH PHARMACOPEIA."—By Henry Judd. A mnemonic, showing how an accurate knowledge of the proportion, preparation, time, dose, &c., of the sixty-eight tinctures may be easily and permanently remembered in two hours. London: Printed for the Author. Price one shilling. We can add nothing to the title; the mnemonic for tint. cinchonæ co. is a sample of the treatment the tinctures undergo:—

Six ingredients, you must know,
Make the tinct. cinchonæ co.;
Serpentary, bark, and peel,
Spirit, saffron, cochineal.

"All rights are reserved," so that we must "quote no more."—(*Chemist and Druggist*.)

A very curious case is reported from Spalding. A firm of chemists being summoned for not fully entering into the "Poison-book" a sale of vermin-killer, the date of sale (it was alleged) having been omitted, the solicitor for the defence contended with much skilful argument that the chemists were not required to produce their books. The law, he said, required them to make the entry, but they might destroy the same the next minute if they so pleased. The magistrates were evidently fogged, and they consequently faced both ways—over-ruling the solicitor's objections, but dismissing the summons.—*Chemist and Druggist*.

ENGLISH PATENT WASHING CRYSTALS.—Six parts soluble glass, 29 parts anhydrous washing soda, 60 parts bicarbonate of soda, 5 parts water.—*Hager*.

The capital of Turkey is like a whimsical patient, because it's constant-to-no-pill.—*Ex*.

The Canada Medical Record.

MONTREAL, FEBRUARY, 1879.

CONTENTS.

ORIGINAL COMMUNICATIONS.

	PAGE
Ranula in New-Born Children. By Thomas A. Rodger, M.D.....	113
PROGRESS OF MEDICAL SCIENCE.	
Attitude and Expression in the Diagnosis of Surgical Diseases, 114—Gastric Ulcer. By E. Dreifus, M.D., 116—Avoidance of Pain in the Dressing of Surgical Cases—Hy-	

perdistention of Abscesses, 119—Sublingual Ulceration in Pertussis, 121—Therapeutic Results with Pilocarpin, 122—Treatment for Dyspepsia, 123—The Treatment of the Diarrhoeas of Children. By J. Walker, M.D., 124—Anæsthetics in Childbirth, 126—Treatment of Amenorrhœa, 127—Treatment of Puerperal Fever, 127—Johnson's Fluid Beef, 127—The Relation of Albuminuria during Pregnancy to Puerperal Convulsions.....	127
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EDITORIAL.

	PAGE
To Subscribers, 128—L'Abeille Médicale, 128—To Our Readers, 128—Vick's Floral Guide, 128—Personal, 128—Reviews, 129—Medico-Chirurgical Society, 131—Pyrogallie Acid in Hæmoptysis, 136—Current Literature, 136—Belladonna Plasters, 136—Lactopeptine, 136—Wyeth's Dialysed Iron. 136	

PHARMACEUTICAL DEPARTMENT.

Original Communications.

Ranula in New-born Children. By THOMAS A. RODGER, M.D.

So very seldom is it that we meet with a case of congenital ranula, that its existence has by some been denied altogether.

My attention was directed by my friend, Dr. Gardner, to the last number of the *London Medical Record*, where I find that Dr. Muller, of Moscow, has lately drawn attention to the subject.

In a paper read before the Moscow Medical Society, Dr. Muller states that four cases have been recorded by Dubois, Bland, Bertier and Lombard, and four others by Bryant.

In the Foundling Hospital at Moscow, Dr. Muller remarks that four or five cases have been observed during the last seven years in about 80,000 children. Of these Dr. Muller describes three cases.

Considerable difference of opinion exists as to what really constitutes ranula.

It is usually said to be a dilatation of Wharton's duct; "but Erichsen states that there is no proof of the disease being of this nature, nor is it very easy to understand how so very small a duct can be dilated to so large a size as is occasionally attained by these tumors, which seem, in some cases at least, rather to consist of independent cystic formations, such as commonly occur in connection with other secreting glands, and in other parts of the mouth." This view of the case is strengthened by the

fact that these globular cystic tumors containing glairy fluid may occur in the substance of the tongue itself, away from any salivary duct.

The subject of the following case was born on twenty-fourth of April, 1878.

A large globular tumor completely filled the mouth, and even protruded beyond the lips of the infant. This tumor was in size somewhat larger than a pigeon's egg, and produced almost complete asphyxia, the child breathing only through the nostrils, and that, apparently, with great difficulty.

After dividing the funis umbilicalis, and examining the tumor more carefully, I decided it was a case of that form of ranula referred to by Erichsen, as involving the tongue itself; the latter organ being pushed up against the roof of the mouth. The child breathing with so much difficulty, I thrust my lancet into the tumor at once, when out poured a quantity of thick glairy fluid resembling very much the white of egg.

With my little finger I emptied the sac almost completely of its contents, after which the breathing was quite normal.

At my visit on the morning of the 26th, I found that the sac had partially filled again, so that the child could not nurse, notwithstanding that during the previous day, and night also, it had taken the breast with ease.

I again opened the sac, the contents being the same as before. The mother being decidedly adverse to any operative interference, it was with difficulty that I obtained consent to introduce a seton.

On the 11th of May, however, I introduced an aneurism needle armed with several threads of silk, directing the nurse to move them from time to time. Suppuration followed after a few days, and all went well until the 21st, when the child got restless and feverish, and the tongue became swollen to almost the size it was at the time of birth.

The mother and nurse both stated that the seton had been moved as directed, and that pus also oozed out along the threads on every occasion, still fluctuation was distinct, and I decided to remove the present seton. I took my friend Dr. Roddick to see the case, and we introduced a thicker seton, which answered the purpose admirably.

On the 16th of June, removed the seton altogether, and commenced syringing the cavity several times daily with a solution of carbolic acid, strength one part to forty.

At the end of five weeks from the time the seton was first introduced the case was quite well.

I made a visit to the child on the 9th of January and found everything satisfactory.

511 Wellington street,
Montreal, 7th February, 1879.

Progress of Medical Science.

ATTITUDE AND EXPRESSION IN THE DIAGNOSIS OF SURGICAL DISEASES.

An Abstract of a Lecture delivered before the Medical Class of the University of Pennsylvania Medical School, by D. HAYES AGNEW, M.D., Professor of Surgery and of Clinical Surgery in the University of Pennsylvania.

A large proportion of the injuries of the bony skeleton generally manifest themselves by some peculiarity in the position of the patient. By this statement I mean that if the patient is carefully watched, the lesion will reveal itself by the position which he assumes before any other visible signs of the condition appear. This leads me to speak of the attitude and form or expression of a part as an element in the diagnosis of surgical disease. By *form or expression* I mean the peculiar conformation of different parts of the body in health and disease. In health, the form of one side of the body is the same as that of the corresponding side. In disease, therefore, we always compare the diseased with the sound side. Every part of the body has an expression of its own in health and in disease.

The fact that the skeleton is fixed gives expression to the surface of the body. All our best references in surgery are drawn from points on the bony

skeleton. In tying the axillary artery, for instance, at its first part, we govern our incision by reference to the position of the coracoid process of the scapula. So, too, with regard to other operations on the body, we refer to bony prominences. In fracture of the lower part of the leg, we feel for the spine of the tibia, and see how it answers with the corresponding part on the opposite side.

Let me first take up the consideration of the subject with regard to certain conditions of the spine.

POTT'S DISEASE OF THE SPINE.

This is a tuberculous condition of an inflammatory character, and begins in the cancellated tissue of the vertebræ, producing great ravages and horrid deformity. This disease may lurk in the spine for a long time before it is discovered. If a careful examination is made, we can generally predict the approach of this disease. It is very prevalent in young children, from birth until they reach the age of fifteen. If the secret progress of this disease can be detected by any displacement, a cure can generally be effected without any serious disorganization. No matter how early it may be detected, however, there will always be some resulting deformity. I see almost every week cases of disease of the spine which have been entirely overlooked.

One of the symptoms whereby this disease may be detected in its early stage is a feeling of discomfort about the sides, attended with sudden spasms of pain; the child cries out suddenly, and then relieves the pain by lying down. Another symptom is grunting respiration, short, hoarse breaths. We may have this symptom without the presence of Pott's disease, but its presence should always awaken the suspicious physician. Then, again, we very frequently find a child with Pott's disease leaning over a table and complaining of a tired feeling. This symptom is often present, and when so, is one of great value. The muscles of the back are weary because they are not perfectly energized by the nerves which are compressed by the inflammatory deposits and thickenings at their roots. Then, again, I have often noticed a child with the prodromes of his spinal affection jump from a chair or sofa to the floor, and, lighting on its feet, seem for a time bewildered. If such a child walks about much, it does so with a great degree of uncertainty, and has a most peculiar gait—the shoulders are drawn up, concealing the neck, the arms are fixed rigidly and held away from the body. The patient does all this, and shuffles rather than walks along, to prevent all concussion of or shock to the spine.

In a month or so after the disease has begun, the surgeon will be able to detect little irregularities in the spinal processes.

The least twist of the spine brings on pain and discomfort. The child is therefore compelled to keep perfectly rigid, and when it stoops, does so by bending one limb and carrying the arm down, while the spine is kept perfectly stiff, in other words, squats. The trapezius muscle is in a constant state of spasm, and so the patient keeps the shoulder up. The scapula,

too, must be, and is, held up, for if it were allowed to drop, it would drag on the spine. The presence of this sign seems generally to indicate disease in the upper part of the column.

If, in any instance, you find one or more of these symptoms co-existent with pain in the chest and colicky pains in the abdomen, you may, in most cases, be pretty sure that you have to deal with a case of Pott's disease of the spine.

COXALGIA—HIP-JOINT DISEASE.

This disease very often goes on to its second stage before it is detected. Treatment, if it is to be successful, must therefore be begun early. If treatment is begun early, we may get very excellent results.

Long before there is any marked deformity in this, as in Pott's disease, certain prodromic symptoms may be discovered. These symptoms, I say, are apparent before the hip affection is manifest.

The earliest sign is a certain posture assumed by the limb on the affected side. The patient stands in a peculiar way. He rests firmly on the sound limb, but not on the other. One limb is well nourished and rotund, the other is generally somewhat emaciated, and is advanced, carried forward, and flexed at the knee on the thigh, and at the thigh on the body. The foot is also everted. Another point is the change which may be noticed in the crease which separates the nates from the thighs. This crease is entirely gone on the diseased side.

The limb assumes the attitude which I have described above, on account of certain conditions due to the effusion in the joint. There is in all cases a synovitis—the initial lesion, if in the head of the bone, induces the synovitis. Coxalgia, in fact, never exists without synovitis. The serum in the joint requires room, and the patient places the limb in a position to give this effusion the greatest room. The natural position of the limb would give it no room at all. The amount of room is increased by flexing the limb at the knee and the hip, and turning the toes out. You can very easily verify this fact in the dissecting-room. To do this, you must bore a hole above the acetabulum in a sound limb, and inject water into the joint. The limb on the side where the joint has been thus injected will take the very position which it assumes in a case of coxalgia.

Another prodromic sign of the disease is the following: if a child is placed in the recumbent position, and if it is healthy, it is just possible to edge in the fingers between the child's loins and the plane upon which it is lying. To do this, of course, the child must be placed upon a table, or some flat surface, and its limbs well straightened out. If one of the joints, however, in such a child be diseased, the knees will be raised when the child is placed upon the table, and then, if they be thrust down, the whole fist can be introduced between the table and the loins—the whole pelvis, in fact, goes up as the knees are pushed down.

The reason of this ought to be very clear to you all.

When I force the knees down, I put the psoas and iliacus muscles on the stretch. To relieve the pain

caused by this stretching of these muscles, the patient puts his body in the position on the table which I have described, viz., with his knees raised.

INFLAMMATION OF THE PSOAS MUSCLE.

The same deformity may occur in this disease as in coxalgia, and the patient may behave much in the same way. Mistakes are therefore very easy to make in regard to the diagnosis between these two diseases. The distinction may be made in the following manner: You must take hold of the limb and flex it. If it is flexed beyond a certain line, the pelvis in coxalgia will rise. In the case of inflammation of the psoas, the pelvis is not affected by this treatment.

SYMMETRICAL COXALGIA.

This is an affection of both hip-joints. It is often mistaken for spinal trouble. The position is very peculiar at a certain period in the course of the disease, viz., when, after the conclusion of the first stage, the affection takes a favorable turn and ankylosis has commenced. The thigh-bones are carried forward, and the patient throws himself very far back, producing a deep concavity in the lumbar region. In walking he balances himself by throwing his hands and arms forward. At the same time the chest is made prominent. In bad cases of this affection the patient may be forced to assume a trotting gait.

FRACTURE OF THE CLAVICLE.

You see every now and then a patient walking into the hospital carrying one arm in the opposite hand, and leaning forward towards the side of the helpless arm. The whole body is inclined to that side. The explanation of these symptoms is an easy one. When the clavicle is broken, the shoulder drops, and carries the trapezius muscle down with it; while the sterno-cleido-mastoid muscle contracting, drags the inner fragment of the clavicle up. The patient feels the want of support for his shoulder, and puts his hand under the arm to hold it and the shoulder up. If he inclined his head towards the other side of the body, it would drag on the sternal fragment of the clavicle. By inclining the body and head towards the injured side, both the trapezius and sterno-cleido-mastoid muscles are relaxed.

INTRACAPSULAR FRACTURE.

Let us take, for example, a person over sixty years of age who has slipped on the pavement and doubled his limb underneath him in falling. On attempting to rise, the person may be unable to stir, or, if he has been helped up, finds one limb helpless. Such a patient will be found lying with the sound limb turned a little out, and its helpless, injured fellow turned so far out as to be resting entirely on the outer side of the limb and foot. The patella on the injured side will be found, upon careful examination, to look directly outward.

RHEUMATIC ARTERITIS.

After the effusion has commenced in this disease, the limb on the diseased side is a little swollen, and, instead of lying parallel with the other limb, is flexed and carried away from it. The limb assumes the pos-

ture described above, because that position affords the greatest room to the fluid effused within the joint. A patient with rheumatic arthritis is afraid to touch anything with the affected member, dreads the least movement, and raises the hands in a warning attitude.

THYROID LUXATION OF THE THIGH-BONE.

In thyroid luxations of the thigh-bone the arms are placed behind the body, or crossed in front. The upper part of the body leans forward. The affected limb is held straight, with the toes turned out.

When, in the adult, the luxation has taken place into the obturator foramen, the toes are turned out by the rotator muscles. The limb may very often assume this position without the existence of a luxation, but when any violence has been suffered by the limb, and it assumes the position just described when the patient stands upright, we may be quite sure of the nature of the injury.

LUXATION OF THE THIGH-BONE ON THE PUBIC-BONE.

In this condition the limb is slightly flexed, and still further everted than in luxation of the thigh-bone. The body inclines towards the injured side. The hand usually rests on the leg, and the thigh-bone is carried forward.

The patient puts his hand on his leg to prevent spasm of the muscles.

THE LUXATION OF THE HEAD OF THE FEMUR ON THE DORSUM OF THE ILIUM.

Here the foot will be found to be everted. There will also be seen to be an unusual projection on the hip. The patient leans towards the affected side. The disabled limb is slightly flexed and shorter than its fellow, and is usually so much inverted that the toes touch the ball of the great toe of the other foot.

In another case of luxation of the head of the femur on the dorsum of the ilium where the bone is found to be a little lower down the general position of the limb is almost exactly the same, except that the toes are still more inverted and higher, nearly touching the instep. The adductor muscle draws the leg towards its fellow, thus partially rotating it, while the psoas, iliacus, and pectineus are engaged in flexing the limb and drawing it up.

DISLOCATION OF THE SHOULDER-JOINT.

This luxation is very often overlooked. No matter what the nature of the luxation, the arm will always be found to stand off from the body, unless it is a very old case, when it may hang stiffly at the side of the body. This luxation always flattens the shoulder.

The reason why the arm stands off from the body, in subcoracoid or subglenoid luxations of the shoulder-joint, is because the deltoid muscle is put upon the stretch, and the arm is thus forcibly pulled away. When the limb is found in this position, if the attempt be made to push it to the side of the body, it will immediately spring back.

LUXATION OF THE ELBOW-JOINT.

In this luxation the arm is usually rigid, and a

marked prominence is felt behind the elbow; the elbow stands far back, the skin being stretched tight over the extremities of the ulna and radius. In these cases the arm is generally in a state of moderate flexion.

ARTHRITIS OF THE WRIST-JOINT.

The hand is held straight out, and there is a very marked swelling at the back of the wrist. The fingers are glossy. Any attempt to move the joint gives rise to the most exquisite pain. Arthritis of this joint frequently terminates in disease of the bone substance. The joint may recover if ankylosis takes place. This peculiar conformation and position of the hand and wrist is not found in luxation or fracture. It is the posture which gives the greatest amount of room to the effusion.—*New York Medical Record*.

GASTRIC ULCER.

[A paper read before the Medical and Surgical Association of New Orleans.]

By E. DREIFUS, M.D.

This lesion, which, on account of its characteristic form and peculiar course, is designated as *ulcus rotundum* or *perforans*, was not known to the older physicians, at least they had no thorough knowledge of it, but confounded it generally with other morbid processes. It was first distinctly described by Cruveilhier, in his great work on pathological anatomy, in the year 1830; he saying, it was previously confounded with cancer of the stomach.

In 1839 Rokitsansky gave an account of it under the name of perforating ulcer of the stomach. A very fine essay was published by Cruveilhier, in the *Archives Générales*, for February and April, 1856. To Dr. Wm. Brinton and his valuable essay are we indebted for many of the facts now known in regard to this disease.

The chief seats of it are at the lesser curvature, posterior wall, and specially in the pyloric portion, and at the cardia. In very rare cases it occurs in the duodenum or œsophagus.

The characteristic features of the ulcer are its circular form, as if stamped out; and its tendency to extend destructively to all the strata of the gastric parietes. The process of destruction always commences in the mucous membrane, and is confined to it in a large number of cases. Accordingly we find not unfrequently in bodies the traces of a previous simple ulcer; and the healing takes place, as in other ulcerations, by means of the formation of new connective tissue, at the bottom of the ulcer, by which the edges gradually grow together and finally unite. In proportion to the loss of substance, will be the constriction or shortening, causing deformity of the stomach and the consequences may be both a narrowing of the pyloric half, and also a considerable i

interference with the vermicular movements of the organ. But, if the ulcer progresses, it then frequently leads to perforation and, by escape of the contents of the stomach, gives rise to general and usually fatal peritonitis.

In respect to extent and size numerous gradations occurs, and the form of the stomach is still more irregular, when several ulcers become confluent.

CAUSES.

The causes of simple gastric ulcers are not sufficiently known. Probably several factors concur in their production. We may assume, as probable, that a partial disturbance of nutrition, due to disease of the blood-vessels, occasions a circumscribed gangrenous destruction of mucous membrane. The hypothesis, that an altered condition of the gastric juice gives rise to the ulcer, appears to me to be unfounded; nevertheless it cannot be denied that the vermicular movements of the stomach and the action of the gastric juice hinder the cicatrization and consequent healing. Without doubt, similar ulcers occur on other mucous surfaces; but, on the one hand, they are not followed by the same severe consequences, as in the simple ulcer of the stomach; and, on the other hand, they heal much more readily. Under unfavorable circumstances, as has been mentioned, the ulcer ends in perforation of the stomach and fatal peritonitis; but this occurrence will not rarely be prevented by the circumstance that the base of the ulcer has formed adhesions to some of the neighboring organs. Such adhesions are formed corresponding to the seat of the ulcer, more frequently between the stomach and pancreas or duodenum, and also with the left lobes of the liver, the anterior walls of the abdomen and omentum, the spleen, the diaphragm, the colon, etc. If the loss of substance be small and the adhesions to the neighboring parts firm, life may be prolonged for a considerable period. But if the loss of substance be great, the function of the stomach will, in spite of the cicatrization, be much disordered, and the nutrition of the animal economy will suffer severely in consequence. Besides, even with firm adhesions, subsequent perforations may occur, from softening of the false membrane.

SYMPTOMS.

The symptoms which accompany ulcer of the stomach during life are very variable. Sometimes for a long interval the symptoms are very insignificant or may be entirely absent; but, for the most part, disorders of the stomach manifest themselves. Generally we observe a very painful sensation in the epigastrium, of weight, or drawing together. By pressure in the region of the stomach, a fixed, painful spot is detected. But these phenomena are also manifested in chronic gastric catarrh, and in carcinoma of the

stomach; and either one of these complaints may be confounded with simple gastric ulcer.

The appetite is usually more or less disturbed, occasionally unchanged, and oftentimes increased. Yet the patients complain of slow digestion after meals, of pains, of pyrosis, eructations, etc. As the disorder increases, retching and vomiting make their appearance. The pain is generally fixed, but not confined to the same spot. All these symptoms, as is evident, are not pathognomonic, and physicians are, therefore, at an early period of the disease not in a position to make a positive diagnosis. The hæmatemesis is of greater importance, and it is also one of the most dangerous symptoms, from its dreaded tendency to relapse. Vomiting of blood occurs with varied intensity. The vomited matters are either only slightly tinged with blood, or are colored chocolate brown, or like coffee grounds, the dark color arising from the action of the gastric juice upon the blood effused into and detained for some time in the stomach.

Should, during the course of ulceration, a larger blood vessel be eroded, the hemorrhage might be sufficient to cause immediate death, or at all events the highest degree of anæmia, and exhaustion would result. A feeling of weight and fullness of the epigastrium frequently precedes the vomiting of blood. The hæmatemesis may take place at any period of the disease. The results of profuse vomiting of blood are similar to hæmorrhages all over the body—syncope, pallor, coldness of the extremities, feeble pulse, etc. Sometimes hemorrhage takes place without vomiting. If a patient suddenly turns pale after a momentary feeling of weight and heat in the epigastrium, and, on examination, the region of the stomach yields a hollow percussion sound; if the pulse becomes feeble, and syncope comes on, from these symptoms we may conclude that an internal hemorrhage has taken place. Such an internal hemorrhage may occasion death without vomiting, as the bleeding generally occurs during digestion. Bodily and mental emotions may induce it, but especially any excitement of the circulation. Emetics also, for which the patient often craves, may bring it on.

Several stages of this disease may be distinguished. In the first, the formation of the ulcer occupies a considerable time for its completion, the chief symptom being simply a kind of gastralgia, sometimes indeed of a most intense degree. The pains present nothing characteristic; they may be continuous and fixed or paroxysmal, and may be very easily mistaken for nervous gastralgia. The occurrence of pain in the spine opposite the epigastrium is also not characteristic, being found in other gastric affections. Hence, in the early stage, ulcer of the stomach is very difficult to diagnose. Palpation reveals at most a fixed spot, where pain is increased by pressure, and only in the case of

persistent adhesions can we sometimes discover a certain induration.

In the succeeding stage vomiting of blood comes on, from which we are better able to decide on the nature of the disease, although this symptom does not exclusively belong to simple ulcer of the stomach, but does sometimes appear in the course of carcinoma of that organ. Even in this stage of the disease, Drs. Brinton and Budd say: "Often repeated hemorrhages have taken place; the process of healing by cicatrization does sometimes occur, and patients do get well." It has been my lot to see only two cases, and both proved fatal. Hemorrhage must always be regarded as a very grave symptom, because the bleeding himself may prove dangerous. And, besides, it indicates that deeper ulceration is in course of progress. Usually all the blood is not vomited, but a portion passes off by the stools, in an altered condition, and sometimes the whole of the effused blood is so discharged.

In the third stage perforation of the mucous membrane takes place, in consequence of which the contents of the stomach escape into the cavity of the peritoneum, causing a usually rapid and fatal peritonitis. This can only be averted in the case of slowly formed perforation, by adhesions to the neighboring parts, and sometimes these adhesions give way at a later period. If these adhesions are extensive, and give rise to a hardness perceptible to the touch, they may be confounded with carcinoma. Occasionally perforations occur suddenly, not preceded by other considerable symptoms of disease, as for instance, when the progress of the ulcer is quite latent. Extensive adhesions may occasion long continual disorders of the stomach and induce ill health; but a small adhesion may remain after cure, without producing any derangement of the stomach whatsoever.

The morbid appearances to be looked for after death, are a smooth, round, ulcerated spot, as if stamped out, and adhesions. We know that gastric *post-mortem* changes occur early, and are sometimes due to cadaveric digestion, as well as to hypostases and putrefaction; and they have sometimes been misinterpreted as the *ante-mortem* lesions of inflammation, ulceration and perforation. There are few dead bodies in which the stomach is not in some degree digested. Its greatest ravages are found in the bodies of those suddenly killed, after a hearty meal, especially if the body has been kept in a warm place. In such cases the stomach may be perforated with ragged, lacerated openings, and its contents be found floating in the abdominal cavity; or even greater ravages may ensue.

Cadaveric digestion sometimes presents erosions enough to simulate ulceration; and drops of blood may flow from the digested ends of

small vessels, when pressure is made on the branches from which they are derived.

From the above facts it is manifest that, since engorgement with discoloration, softening, opening of the vessels, and destruction of tissues do occur in the most depending part of the stomach, as results of hypostatic, digestive, or putrefactive *post-mortem* changes, too great caution cannot be exercised in attributing any such changes to *ante-mortem* lesions, when these changes are limited to its splenic end and to the line of gastric contents.

PROGNOSIS.

The prognosis of ulcer of the stomach is always doubtful, although many cases of cure are said to have occurred, and although authorities say a cure may take place at any stage of the disease, I shall always consider it a very grave and serious, if not fatal malady. Death results either from hemorrhage or peritonitis; or, when the disease is of long duration, from exhaustion. From various statistics I have found that nearly one-third of all known cases of simple ulcer of the stomach prove fatal.

TREATMENT.

As regard treatment, little is to be said beyond hygienic measures and nourishment, as there are no specifics for this complaint. The most important rule is, that the patient subject himself to a most rigid dietetic regimen, and observe the strictest quietude, in order, if possible, to favor the cicatrization of the ulcer. Beside this, we must endeavor to combat particular distressing symptoms. Milk diet is certainly the best that can be used; and, in consequence of the great irritability of the stomach and the difficulty of patients' retaining any food, I would suggest feeding by the rectum, as we now know that absorption goes on just as readily there as *per viam naturalem*; and we consequently lessen the peristaltic action of the stomach, which seems to be one of the prime causes that interfere with cicatrization. To allay the gastralgia, hypodermic injections of one of the salts of morphia and other narcotics may be used, and for the frequent constipation enemata may be employed; for the obstinate vomiting, ice, alum or tannin, and small quantities of carbonic acid waters; for hæmatemesis, ice, alum, tannin bismuth, hypodermic injections of fluid extract of ergot or ergotine, beside the tinct ferri chloridi; and, in addition, what appears to me the most rational of all, is the frequent washing out of the stomach with a stomach-pump, using a three per cent. solution of carbolic water.

The greatest obstacle towards a successful treatment seems to be, that the chief indications absolute rest and abstinence from everything injurious, cannot be fulfilled. We are therefore compelled to confine our efforts to reducing the action of the stomach to its minimum, using the most easily digested food, and to feed *per rectum*.

This course of treatment must be persevered in for a long time, alternating when the rectum becomes irritable, as it will usually do, and feeding by the month again, but only in the most minute quantities and such articles as require little or no digestion. For perforation little, of course, can be done, and treatment of symptoms is alone available.—*New Orleans Medical and Surgical Journal*.

AVOIDANCE OF PAIN IN THE DRESSING OF SURGICAL CASES—HYPERDISTENTION OF ABSCESES.

George W. Callender, F. R. S., surgeon to St. Bartholomew's Hospital, London, having been invited by Dr. Lewis A. Sayre to occupy his lecture-hour at the Bellevue School, spoke upon the Avoidance of Pain in Surgical Dressing. We make extracts:

When we operate for harelip upon children in my country—and I presume it is pretty much the same in yours—we relieve the patient of much suffering by placing him under an anæsthetic. For such little children we use chloroform; for such grown-up children as ourselves, we use ether. Besides the irritation produced by the wound, it is common to draw the margins of the wound together, and support them by strips of adhesive plaster drawn across the face. This procedure becomes a source of discomfort to the child, who cries and complains, as would be expected. But now, gentlemen, to avoid this, and to save that little one from a considerable amount of pain, it is my constant practice—and I trust you will not think me egotistical in frequently referring to my personal experience—to apply such strips to the face of the child for some three or four days prior to the operation. The child thus becomes accustomed to the restraint, and when it comes out from under the influence of the anæsthetic, it suffers, from the reason of its being so accustomed to this restraint, less than would otherwise be inevitable.

Now, I dare say that few of you think, unless your attention has been directed to the subject, of the great discomfort that is caused by the removal of adhesive plaster from a surface upon which hair may happen to grow. Perhaps some of you may have chanced to have had plaster applied to some such parts of your person, and if so, your experience is far less pleasant upon its subsequent removal. I would recommend you to so apply plaster as to never necessitate its removal until the treatment is complete. Now, take a breast amputation, and let us suppose that we secure the dressing by means of straps of plaster. Plaster so used should never be removed until the treatment is complete. When the dressing has to be changed, you are to cut out the space over the

dressing, at the point where it leaves the wound and passes on to the skin. Renew your dressing, and rejoin the divided plaster by means of a strip laid over that first applied. And this may be done again and again every successive dressing, leaving the first applied plaster still adherent to the surfaces of the integument. Although this seems like a small matter, yet I assure you that these small matters materially add to the comfort of the patient and to your success as a practitioner.

Avoidance of Pain in Dressing Mammary Wounds.—Another small matter. We are often called upon to deal with large wounds resulting from the removal of mammary tumors. It is a common practice to retain the arm across the anterior portion of the chest by means of a bandage lightly passed around the neck. Now, when the time comes for dressing the wound, some twenty-four or forty-eight hours after the operation, the bandage is loosened and the forearm and the arm are removed to the side of the body. And what takes place? The muscles have been restrained for some time; when this is done they resent the movements; you will feel them quivering under your hand. First, the biceps, and then the pectoral muscles quiver under the movement; and the patient with a great start cries out with pain. Now, why is this? Why, irritated by the action of the biceps, the pectorals, from their insertion to their attachment, are started into action; the whole wound is disturbed. The adhesions are probably rent asunder, and it is no wonder that the patient under these circumstances complains of pain. Now, let me tell you, gentlemen, how all this may be avoided, and in the simplest possible manner; and perhaps Professor Sayre will permit me to use him as a model on which to demonstrate its simplicity. If I want to prepare for the dressing of the wound, I grasp the arm firmly so as to control entirely the biceps. I now take hold of the forearm and move the arm to the extreme of extension, and as I do this I feel the biceps quivering under my grasp; but it is unable to act, and no irritation follows in the pectorals. While grasping the biceps the arm is moved slightly to the side, and is now so circumstanced that the dressing may be easily removed. I can, from a practical point of view, tell you that, by taking this precaution, the dressing may be effected without occasioning the patient the slightest pain. Now let me commend this to you.

Avoidance of Pain in Dressing Stumps.—Then again, with reference to amputations, not only must the patient be gotten well, but during his convalescence he should be kept free from pain. In the case of amputation of the lower extremity I place the limb upon a splint, and see that it is carefully adjusted and swung; the splint is provided with an arrangement

that will allow of dressing the stump without in anyway disturbing the parts. I hope I may have an opportunity of showing this instrument to you upon some future occasion. You are all probably acquainted with the manner in which the barrels of our ordinary breech-loading fowling-pieces are dropped, so as to receive the cartridges. In a similar manner a catch placed under a portion of the splint allows of sufficient of that splint being dropped from beneath the stump to permit of the removal of the dressings and of their replacement without the slightest disturbance of the parts, and without giving rise to the slightest pain. I can assure you that in this way you can dress and redress an amputation stump without the patient's even knowing the applications are being changed. And to show you how carefully these operations have to be conducted, I may add that if during the change of the dressings the slightest jar of the apparatus is permitted, the patient will at once recognize the error in treatment by starting of the limb and complaints of pain.

Pain from Emotional Irritations.—Now there are many ways in which pain and discomfort may be induced. I will mention one condition. There are, what I have ventured to write upon, emotional irritations. I mentioned a case of this kind only yesterday, in visiting one of your hospitals, that of a child who had been cut for stone. I will give you another instance in point: A man lay in Kenton Ward, a ward which had come to me by descent through Sir James Paget and Mr. Stanley. The man had sustained a severe injury of his forearm. The muscles, and tendons, and nerves, indeed all there was to divide, save the bone, had been cut through in a machinery accident. We stitched all these structures together, and I suppose you do the same here; and we are hoping the day is not far distant when not only tendons, but nerves also, may be reunited and made to regain their function. Now I commonly dress these cases by swinging the extremity by means of a very simple apparatus. I take a slate, or rather the framework of a slate, and to this I attach a pad of sawdust, on which the arm is laid. The arm is then swung by means of pulleys and a bar fixed over the bed, the arm of the patient being counter-weighted by means of a graduated tin, filled with shot, so as to exactly balance the part suspended.

In this way the patient can, without an effort, raise or depress the part, and is even allowed sufficient liberty of movement to permit of his getting up and moving around his bed.

Now, although I thought I had made this man as comfortable as he possibly could be, yet he soon became irritable, and his temperature rose to 103° or 104°. There was nothing to account for this, save that he complained of the appa-

tus, and said that it irritated him. Now I always attend to the complaints of my patients, and you will always find they have some good reason, or at least, if not attended to will make themselves ill over nothing at all.

Well, I had to take it all down, and laid his arm simply upon the bed. At once he was relieved, the irritation was at an end, and the temperature fell to the normal point.

Now, gentlemen, I pray you always to attend to the slightest complaints of your patients. If you do not, some slight irritation, such as I have been describing to you, will vex and continue to vex them, which at last may grow into such an irritation as to produce not merely pain, but considerable constitutional disturbance.

Importance of Drainage.—But these rough mechanical movements are not the only condition which give rise to unrest in a wound. In these days, when we endeavor to secure union in a wound by first intention, we bring into close apposition the margins of the wound. But we know that in connection with all wounds there is a certain amount of blood-stained fluid necessarily effused, and if this remains locked up in a wound, what must of necessity ensue? Not only is the patient made restless, and pain occasioned by the swelling caused by the accumulation of the fluid, to say nothing of the risks of some one of those forms of constitutional disturbances which we speak of collectively under the name of blood-poisoning, but, as you can readily understand, the fluid, as it collects, of necessity separates more and more widely the parts, which, if they are to unite by primary union, or by granulation, must needs lie in absolute contact. Now, to avoid this cause of pain and irritation, all wounds must be effectually drained. It matters not what form of drainage-tube you may employ; sometimes a silver tube may be used or a piece of elastic tubing, or a bit of catgut, or that which I very frequently employ, a strip of gutta-percha tissue carried through the depth of the wound; but in some way drainage should be effectually secured, so that all this fluid may have a ready escape, and thus free the patient from the irritation which would otherwise necessarily be induced.

Treatment of Abscess by Hyperdistention.—The time is scarcely passed—indeed, if you will refer to any of the works on surgery of the present day, you will find it laid down as a rule that when you have a patient suffering with an abscess developed in the course of some chronic disease, it is better to leave the abscess to pursue its course, carrying mischief among the muscles, and widely diffusing such mischief in distant parts of the body, because it is stated, that when such an abscess is opened there is risk of grave constitutional disturbance, and sometimes even of inflammation of the abscess sac, leading to

DIASTASED IRON.

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We beg to direct the attention of Physicians to the entirely new preparation of Iron above described, by which the curative properties of this powerful agent are materially augmented. This result has been attained by substituting, for chemical processes, an *organic combination*. The result is the entire overcoming of the local irritation attaching to use of chemically prepared Iron, and the securing a preparation which assimilates perfectly with the gastric juice.

Our method consists in promoting a germinative movement in Cress Seed, and securing absorption, by the living Seed, of the medicated composition. During the life of the Seed we also secure an abundant developement of Diastase. By thus utilising the living principle of vegetation instead of the inert processes of chemistry, we obtain the perfect diastased and assimilated agents; and, in the words of Prof. Bouchardat, "*enable the invalid to take a medicine in its own laboratory, which is at once diastased and assimilable.*"

Assimilable, because the medication has been accomplished organically, producing a medicament which will naturally, as food, be carried by the regular means through the whole system.

Diastased, because the vital agent dissolves and emulsionises into a healthful juice the alimentary substances connected with the medicine.

Cress Seed has been accepted as our medium on account of its extraordinarily healthful qualities, a reputation which has been fully justified by the analysis. The Seed contains an essential oil, and *matieres proteiques*, whose richness in Sulphur and Phosphorous is closely akin to the nerve tissue; it contains, moreover, a large proportion of Iodine. These elements closely resemble the composition of Cod Liver Oil, but with all the advantage in favor of the Cress Seed. The eminently reparative qualities of the *matieres proteiques*, which abound in the latter, are absolutely wanting in Cod Liver Oil. The aromatic essential oil of the Cress acts as a stimulant to the digestive functions, which are depressed by the action of Cod Liver Oil. The beneficent influence of the Cress Seed is powerfully assisted by the concordant action of the diastasic principle.

This preparation, unlike other ferruginous preparations, which occasion gastric irritation and constipation, is peculiarly tonic and analeptic, and renders the functions of the stomach and bowels more active and regular. It is pleasant to the taste, and acceptable to the most delicate and sensitive stomach. Its effects are immediately apparent. It is prescribed in all cases of *imperfect digestion, poverty of blood, nervous derangement, irregular menstruation, leucorrhoea, retarded convalescence, diabetes, and chlorosis.*

Each bottle is capped by a little cup, which represents a dose containing 4 grains of Citrate of Iron, made of ———. Two or three doses a day at beginning of meals.

The DIASTASED "MEDICAMENTS" may be kept in an unchanged condition for an unlimited time.

A glass of water must be taken after each dose.

DIASTASED IODINE.

Iodure de Potassium, combined with Cress Seed in process of germination.

Each dose contains eight grains of *Iodure of Potassium*.

MODE OF USE.—Two to three doses a day, at rising and at bed time.

It is prescribed in all cases of

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In various TUMORS, ULCERS, PROTRACTED SUPPURATION.

In diseases of BONES, SPASMODIC ASTHMA.

In SCIATICA, RHEUMATIC, GOUTY or SYPHILITIC NEURALGIA.

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It must be admitted that until this date no pharmaceutical product for treating Phthisis pulmonalis has acquired more propitious rank.

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Clinical observation has already had its word to say; unexpected success has been obtained, not only in cases more frequent than we believe, where chronic lobular obstruction, showing symptoms of confirmed Phthisis, but in others also where the tubercular predisposition could not be questioned.

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Arseniate de Soude, combined with Cress Seed in process of germination.

Each dose contains one-third of a grain of arseniate *de soude*. MODE OF USE.—One or two doses per day, taken at rising and at bed-time, starting first with a dose every other day. Coffee must not be taken during the treatment.

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In GENERAL ATONY, PSORIASIS, and STRUMOUS DIATHESIS, (*Bouchut*)
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In CHOREA, RACHITIS, TUBERCULOSIS, &c. (*Rayer.*)

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In ASTHMA and CUTANEOUS DISEASES (*Koepl.*)

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In SCIRRHOUS and CANCEROUS DISEASES.

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The important end, in the use of Diastased Metals, is to secure the combination of metalloids with albumen, so transforming the medicine into food, by means of which vehicle the curative action is secured exactly where it is required.

The propriety of our proofs, taken in entirely vegetable chemistry draws conviction already; every clinical application again justifies those rational data, substituted to the habitual suspense of Posological empirism. Dynamization of therapeutical agents, dreamed by homœopathsists is really becoming a fact; iodine more *resolvent* and more *depurating* is less liable to bring on mucous irritation.

To resume, these three medicines which we have just introduced, bring into practice means entirely new in the treatment of obstinate organic diseases, and among it all Phthisis.

More evidently here than elsewhere the ruling morbid element is a want of nutrition. Now, we have just seen that these medicated combinations, diastased and assimilable, have a common character to operate at first; and above all as first-class analeptics.

Aided by conformity of radical action, Diastased Iron, Iodine and Arsenic may be substituted or added, according to varied state, stage or nature of disease. Their protracted use offers, however, the most unexceptionable security for the reason we have set forth at great length.—DR. BAUD.

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The CODÉINE-TOLU PASTE often calms the convulsive cough of consumptives, as also the fever that wastes them away.

The CODÉINE and the TOLU-BALSAM are, with other substances, of analogous action, with Arabidgerm in a proportion that modifies its energy. It can be given to children as well as to the most delicate persons. The dose is from 10 to 15 pieces in 24 hours.

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blood-poison, and to the death of the patient. At the best, the opening of such abscesses was held to be followed by such an increase of the discharge as rapidly to exhaust the patient, and thus to hasten the fatal result; and, no doubt, treated as these abscesses usually were, such consequences often ensued. I now have no hesitation in opening such abscesses, and I may say it constantly happens that patients are admitted to the wards for the purpose of having such abscesses treated, and within a week or ten days thereafter are discharged, to be again outpatients, the abscess having been opened without the slightest constitutional disturbance or inconvenience to the patient. We effected this by what I have spoken of as hyperdistention—a somewhat barbarous expression, but I believe in medicine we are permitted to make use of such expressions. To effect this we make a lotion of one part carbolic acid to twenty of water, diluted at the time of its use by the addition of hot water, so as to bring its strength to one in thirty. An incision is now made into the abscess; I usually employ one of a crucial shape, about the size of a double-edged scalpel, and the lotion is injected with an ordinary syringe provided with an elastic nozzle. The pus having been first evacuated in the ordinary way, as much as will flow being allowed to escape, and as much more as can be got at being evacuated by means of pressure, as the fluid is forced in and the sac becomes distended, the elastic nozzle expands and fills up the opening, and in this way almost any amount of pressure may be brought to bear upon the distention of the abscess cavity. When distended as far as possible, the lotion is allowed to escape from the cavity, and the injection is repeated again and again until it runs clear from the wound. We then know that the abscess has been thoroughly cleaned out. I do not say it is always possible to effect this, for sometimes we meet with exceptions to the general rule, and find that some muscle or tissue hangs, valve-like, over a portion of the abscess sac, and renders it impossible for us to force the fluid to the extreme limits of the cavity; but such is an exceptional condition, and can only be taken as referring to the general truth that all good rules must have their exceptions. After the distention has been completed, and the drainage-tube is introduced, and the wound is covered with some carbolized oil, lint, and a sheet of gutta-percha tissue, there may be some little discharge, partly of the fluid injected and not evacuated at the time of the operation, which may be mingled with pus for a few days; but presently the abscess contracts to a mere sinus. I do not mean to say that this sinus can be always closed; the treatment does not profess to cure the carious condition upon which the abscess may depend; and so long as a cause of irritation exists, whether deep carious bone or dead bone, or whatever else may be the

cause, the sinus will remain as a canal along which the discharge necessarily goes. But there will be no constitutional disturbance consequent upon the operation. All extension of the abscess is prevented, and the patient, so far from suffering, rapidly improves in his general condition consequent upon the evacuation which has been effected. If there be no such cause of irritation, the sinus will presently heal up.

In the case of acute abscesses the effect is still more marked. For example, a case which I recollect, that of a large abscess upon the side of the chest, consequent upon a local hurt; the hyperdistention of the abscess is followed by the rapid contraction and healing of the sac.—*New York Medical Record.*

SUBLINGUAL ULCERATION IN PERTUSSIS.

Dr. Delthil having forwarded a paper to the Académie de Médecine, it was referred to a committee, and at a recent meeting of the Academy (*Bulletin*, No. 28, September 17,) Prof. Henri Roger, of the Hôpital des Enfants, read an able and conclusive report on the subject. He founds the remarks he makes upon it upon his prolonged hospital and extensive civil practice, pertussis prevailing epidemically every year in Paris, and severely so in 1877-78, so that the field of observation has been ample enough.

That it is not an essential phenomenon of pertussis, as maintained by some observers, is shown by the fact that it is not always present. In fact, its frequency is very variable, being dependent on the violence of the paroxysms and on the disposition of the teeth in the first dentition. When these two conditions are united it is almost always met with, while, when they are both wanting, it, too, is absent. Still, as a general statement, Prof. Roger agrees with Dr. Delthil that sublingual ulceration is met with in about one-half the total number of cases of pertussis. Another proof that it is not an essential phenomenon is that it does not appear at a fixed epoch at the commencement. It is rarely observed before the third week (comprising the period of incubation), and in most cases several days later. If the habitual duration of the two stages of pertussis be considered, we can understand why the ulceration does not appear, save exceptionally, before the third week. Although it is difficult, even in private practice, to learn exactly the date of the infection, Prof. Roger is in possession of a sufficient number of precise facts to enable him to state that the mean duration of incubation is generally six or seven days—although he has in some cases known it to be as short as three or four days, and as long as ten or twelve. Then a period of at least ten or fifteen days passes before the cough, at first common, becomes spasmodic, and then quite paroxysmal—before the attacks are exhibited by expiratory jerks,

with impulsion of the tongue against the lower teeth. It is only during this full nervous period that the frænal ulcer is developed. The time of its appearance, so far from being fixed and early, is necessarily slow and variable—always following, and never preceding the paroxysmal stage.

As to the mechanism of its production, there is no preceding vesicle or pustule present, as represented by some writers. Prior to the ulcer appearing, Prof. Roger has often observed at the frænum, and especially at its lower insertion a somewhat vivid redness, and then an erosion, or a linear division of the mucous membrane, with an appearance of granulations. At the point of section of the frænum there is sometimes seen a transverse depression, and sometimes a kind of pimple (*bouton*), or a yellow or white patch, often of a pearly aspect, two or three millimetres in size. At other times there is a small, median, oval ulcer, with irregular edges, and a pale or reddish-grey base. The lesion may remain in this state, while in other cases it may extend some millimetres beyond each side of the frænum, becoming also deeper, as if burrowing under the tongue. The ulcer is generally covered with a whitish or grayish exudation, not diphtheritic in its appearance, but resembling the exudations which cover the irregular ulcerations mechanically produced inside the cheeks and lips by the projection of irregular teeth or their fragments. The origin of the ulcer is purely mechanical; the tongue being in its hypercæmic state thrust forwards during the paroxysms of coughing, the frænum is easily cut by the sharp lower incisors—the lesion prevailing in a precise ratio with the severity of the cough. The ulceration occurs more readily in infants of ten or twelve months than in older children, because in the latter, when the first dentition is completed, the tongue is supported on the entire range of teeth, and is much less liable to injury than when it is only projected against the incisors, which are sometimes divided on their edges into points as sharp as needles, lacerating the tongue, and dividing the frænum like a knife. When the disposition of the teeth is anomalous, the other parts of the tongue may be lacerated; and, on the other hand, when the frænum is short, so as to prevent its protrusion, no ulceration at all will be observed. So, in infants attacked by pertussis before dentition, no ulceration is ever observed; nor is it met with in the pertussis of adults, in whom the edges of the teeth are much less sharp, and who do not project their tongues during the paroxysms.

As to the semeiotic value of the ulceration, it is not without its importance, inasmuch as the cough of pertussis is the only one that is violent enough to propel the tongue against the teeth. Prof. Roger has never met with it in any other affection, and wherever its presence is positively

proved, pertussis may be diagnosed. Of course, in the great majority of cases, the paroxysms themselves have sufficiently declared the nature of the disease before the ulceration has made its appearance. But still there are certain cases in which the cough, not having as yet assumed a sufficiently special character, the practitioner may hesitate at deciding whether he has to do with a paroxysmal bronchitis or with the true paroxysms of pertussis. He should then examine the tongue (which is not always an easy matter, and requires both care and patience in very young infants), and if he finds this lesion of the frænum, and at the same time a prominence of the corresponding teeth, he may rest assured as to the nature of the case. Sometimes it is an observant mother who first draws attention to the lesion in question.—*Med. Times and Gazette*, Oct. 5, 1878.

THERAPEUTIC RESULTS WITH PILOCARPIN.

The results of recent investigations are here summed up. Dr. Demme, of Berlin (*London Medical Record*), arrives at the following conclusions:

1. Pilocarpin is an effective diaphoretic and sialagogue in childhood.
2. It is borne very well, in appropriate doses, even by children of very tender years.
3. Unfavorable after symptoms are but rarely observed, and, probably, may be altogether prevented by the administration of small doses of brandy before the injection.
4. The conditions in which it is chiefly indicated are the parenchymatous inflammations of the kidney, with dropsy, following scarlatina.
5. Pilocarpin does not appear to exercise an influence on the heart's action.

The *Hospital Gazette* states that an important physiological effect of pilocarpin, according to Dr. Zielewicz, of Posen, is its power to reduce animal heat. He has observed a decrease of temperature amounting to as much as 2, 2½, and even 3 degrees, averaging, however, 1 to 1½ degrees. In very few instances there was a slight increase of the temperature. Again, it seems doubtful to me whether the diminution of the temperature can be attributed primarily to the action of pilocarpin, or whether it is not due to, and only temporarily caused by, the evaporation of the perspiration. Zielewicz arrives at the following conclusions:

1. Pilocarpin is a reliable diaphoretic in the diseases of children.
2. The unpleasant symptoms which occasionally follow the administration of this remedy interfere with its more general use.
3. To eliminate or diminish these complications the following rules should be observed:
 - a. The dose of pilocarpin should be as small as possible.
 - b. A small amount of morphia should be administered with the pilocarpin, best in the proportion

of ten pints of hydrochlorate of pilocarpin to one pint of hydrochlorate of morphia.

c. To prevent collapse a few drops of camphorated oil should be added to the solution.

Dr. Felsenreich, assistant to Prof. Gustave Braun at the Vienna General Hospital, observes that Dr. Massmann's statements (*Medical Times and Gazette*, July 13th, page 56), on the employment of pilocarpin in the induction of premature labor must lead to further inquiry into the action of this substance on the uterus. At Prof. Braun's request he tried the efficacy in nine cases of ataxy of the uterus, with reference to its future employment in cases of hemorrhage produced by this cause. In but three of the cases did the hypodermic injection take effect, and that only at the end of ten minutes; so that it can not be regarded as a suitable means for combating active hemorrhage, in which promptitude of action is so important a factor. As in these cases, too, there is no time to examine the action of the heart, another contra-indication arises, for, as Petrin has shown, whenever this action is in any wise abnormal, the greatest care is required in the administration of pilocarpin, for arrhythmia or an arrest of its action may then be easily induced. Indeed, as any considerable hemorrhage does greatly disturb the action of this organ, this itself is a contra-indication. These considerations do not apply to the induction of premature labor, and additional trials of the power of pilocarpin for this purpose may be made without danger.

Dr. P. K. Kretschmar adds, in the *Hospital Gazette*, that the *Hydrochlorate of Pilocarpin*, derived from the alkaloid found by E. Hardy in the leaves and in the root of *pilocarpus pinnatus*, is, in many respects, the most valuable of the preparations of *jaborandi*. It comes in small, white crystals, very soluble in water, and is for different reasons especially adapted for *hypodermic* medication. Its action resembles that of the drug itself, but it is *more uniform* and reliable than either the infusion or the fluid extract. It also influences the bronchial secretions by making them more fluid, and it has been used with advantage in croup, bronchitis, etc. A solution is made by dissolving one-half a grain of hydrochlorate of pilocarpin in thirty minims of pure water. I use in cases of children from six to ten years of age, ten minims of this solution, $1\frac{1}{2}$ grain hypodermically, and repeat the injection once or twice the next or following day. To adults I have given twenty minims ($\frac{1}{2}$ grain) repeated every day for three days.

The simplicity and almost painless manner of its administration, the fact that its hypodermic use does not cause any irritation, or abscess at the point of injection, the easy manner by which we are able to administer it in a state of uræmia, unconsciousness during convulsions, etc., make it a most valuable remedy in the treatment of children. I used it in five cases of parenchymatous nephritis following scarlet fever, four of which occurred in children under twelve years of age, and I can only state that its action was very satisfactory, although it produced

considerable vomiting in one and moderate emesis in another case.

TREATMENT FOR DYSPEPSIA.

Taken from Naphey.

℞. Acid. nitro-mur. dil. 3 ij.
Acid. hydrocy. dil. min. xxv.
Tinct. arnicæ..... j.
Tinct. gentian. comp..... 3 j.
Infus. sennæ, q. s. ad..... 3 iij.

M. Sig. A tablespoonful two or three times daily in dyspepsia with sluggish action of the liver.

The efficacy of this prescription may often be increased by giving with each dose the following pill:

℞. Zinci sulph..... gr. i-ij.
Ext. gentianæ..... gr. iv.
M. ft. pil. No. j.

T. Hawkes Tanner, M.D.

One of the best preparations in dyspepsia with flatulence is the following, recommended by Prof. Robinson:

℞. Sulph. sodæ..... 3 j.
Tinct. nucis vom..... 3 v.
Aquæ..... 3 iv.

M. Sig. A teaspoonful thrice daily, after meals.

Prof. T. Gaillard Thomas employs the following, especially in cases of habitual indigestion:

℞. One rennet, washed and chopped.
Vini rubri..... Oj.

Macerate for twelve days, and then decant, filter and add:

Acid. nitro-mur. dil..... 3 ij.
Tinct. nucis vom..... 3 ij.
Bismuth subnit..... 3 ij.

M. Sig. One tablespoonful in a quarter of a tumbler of water before each meal, as a digestive tonic.

J. M. DaCosta, M.D., Philadelphia, uses the following in functional indigestion owing to a want of proper secretion of gastric juice:

℞. Acidi nitro-mur. dil. 3 ij.
Vini pepsini..... 3 iij.

M. Sig. A teaspoonful three times a day, before or after meals.

Where there is constipation, add also:

℞. Pulvi. rhei..... ʒj.
Quinæ sulph..... gr. x.
M. ft. pil. No. x.

Sig. One to be taken at night.

If this be not sufficient to produce a laxative effect, take one night and morning. Meat diet almost exclusively, avoiding starchy substances.

William Aitken, M.D., Edinburgh, contributes the following:

℞. Sodæ bicarb..... 3 v.
Potassæ nit..... 3 j.

M. ft. chart. No. xx; order one, two or three times a day in those forms of indigestion marked by excessive acidity and heartburn. At the same time free excretion from the liver and bowels must be

sustained by occasional doses of blue pill or podophyllin, combined with extract of colocynth and of henbane, while exercise and diet are duly attended to.

B. Ammoniac carb. ℥j.

Ext. gentianæ ℥ij.

M. ft. pil. No. xx, one thrice daily in weakened digestion from over fatigue.

B. Ext. nucis vom. } aa gr. ss.

Ferri sulph. }

Ext. colocy. comp. gr. iv.

M. ft. pil. This combination, taken early in the morning, generally induces gentle action of the bowels.

THE TREATMENT OF THE DIARRHŒAS OF CHILDREN.

By JEROME WALKER, M.D.

The general treatment of the diarrhœas of children has been, and is now, based mainly upon the belief in an inflammatory origin, and, secondly, upon a dyspeptic one. Alteratives, sedatives, opiates, emollients and astringents or laxatives with a secondary astringent effect are tried in rotation.

The character of the fœca discharges are said to corroborate the inflammatory theory. Movements containing undigested material are alone referred to a dyspepsia (gastric or intestinal,) while acid, mucous, slimy, green, watery and bloody discharges are considered evidences of different grades of inflammation.

But opposed to this theory are the facts:

1st. That the mucous membranes of the young child are very delicate and easily irritated; that the irritation may be local in its application, or it may be the result of poisonous gases acting through the nervous systems, or that of noxious germs absorbed into the blood.

2d. That, owing to the plentiful supply of blood-vessels in the mucous membranes, and to the sensitiveness of the nervous tissue, an irritation generally produces a hyper-secretion of mucus, an exudation of water from the blood, a slight extravasation of blood sufficient to color the secretions, or it gives rise to all combined, without any evidences of inflammation.

3d. That, owing to the rapid elimination in the young of waste and absorbed material by the kidneys and intestines, repeated irritation is necessary in a strong child before there may be any thickness or ulceration of the gastric or intestinal mucous membrane.

4th. That the mucous secretions of the young child—according to Dr. Jacobi—are normally more acid than those of an adult; and that acidity without inflammation is quite promptly produced by an irritant.

5th. That the greenish color of diarrhœa discharges, though occasionally due to biliary matter, is most often the result of acid secretions, as shown by Pro. Armor and others.

Post-mortem appearances are not always reliable. In certain apparently well-marked cases of so-called inflammatory diarrhœa, no signs of inflammation are found after death, and vice-versa. This has been the experience of the best clinical observers.

The results of inflammation, when found, consist of a thickening and ulceration of the mucous membrane, mainly in the ileum and about the ileo-cæcal valve, but these results are found, as a rule, in cases of chronic diarrhœa only. The ordinary appearances are a pale or red swollen mucous membrane, with a large secretion of acid, mucous and discolored fœces, and nothing more.

The experience of the last five years has convinced me that the majority of the cases of acute or sub-acute diarrhœas ordinarily met with, are the results of direct irritation from indigestible food, or they follow a weakened nerve-tone, an inability of the sympathetic system of nerves to carry on its functions, or they depend upon both causes.

For an irritation to produce inflammation, or weakened over-loaded blood-vessels to give rise to thickening and ulceration, time is necessary. How much time is needed? I do not know. Probably differs in different individuals. Dr. J. Lewis Smith believes that if any diarrhœa continues a week it is inflammatory. The self-limitation of two or two and a half days claimed for cholera infantum by Dr. Emerson,* and the now well-ascertained facts that acute diarrhœas under favorable meteorological and sanitary conditions subside within forty-eight hours after their inception, and that diarrhœas not relieved within a week are difficult of cure—would point to the eighth day as the turning point toward chronicity.

The causes of diarrhœa in children may be considered as irritative or asthenic.

Food, adulterated, poorly cooked, of poor quality, or of good quality, if given in too large a quantity, too fast or too often—is an irritant. Improper feeding is a fruitful source of diarrhœa.

Dentition in weakly or nervous children, occurring at a time when the secretory and excretory organs are developing, is an irritation. So also is the eruption of several teeth at one time—in hot weather especially—and also the pressure of developing teeth against the inner lip of the bony socket, which may not develop its shape *pari-passu* with the development of the growing teeth.† Undue pressure on the gums can be relieved by a prick of a needle, a slight or deep incision, as the case may be.

An atmospheric temperature of 60°, if continued for two or more days, night as well as

* "Some Points in the Pathology and Treatment of Cholera Infantum." *Bost. Med. and Surg. Jour.*, July 27th, 1878.

† Tomes' "Dental Surgery," p. 52.

day, will often produce diarrhœal diseases. A temperature of 80° and above, whether combined with much dryness or moisture of the air, will, in a few hours, give rise to genuine cholera infantum, characterized by "projectile" vomiting and purging and intense prostration.

High temperatures weaken the nervous system, convert milk and "artificial" foods into irritants, by acidification and putrefaction. Cold and damp as well as heat and moisture, seem to act principally on the large intestine, producing a dysentery, or they convert a simple diarrhœa into a bloody discharge.

Bad air and bad water, whether through "germs" or gases, are capable of producing severe diarrhœa. A quite frequent result of malaria in this city, in children under two years of age, is a dyspeptic diarrhœa, due to weakened nerve power. Quinine promptly cures it.

Simon* contends that "the mucous membrane of the intestinal canal seems peculiarly to bear the stress of all accidental putridities which enter the blood," while Dr. George Johnson, in a series of interesting articles† claims that during hot weather diarrhœa is mainly produced by bacteria, infusoria and fungi. There are certainly enough opportunities for bacteria to develop in the midst of imperfect sewerage and drainage of large cities. In an institution under the care of Dr. Moreau Morris, an epidemic of cholera infantum was "stamped out" by attention to the plumbers' bad work.

Intestinal worms sometimes act as irritative causes of diarrhœa.

Nursing children are liable to diarrhœal disorders if the nurses are intemperate, overheated, are easily excited, have tuberculosis, or have not had proper food and air. I have met with a few cases where constipation in the nurse gave rise to diarrhœa in the child. The constipation of the one and the diarrhœa of the other patient were relieved by an aperient given to the nurse.

If the above arrangement of the causes of diarrhœa is correct, the indications for treatment of the majority of the cases of children's diarrhœa are, to prevent and relieve indigestion, and to maintain the health and power of the nervous systems. These indications are met by hygienic measures, and a very moderate use of medicine. The sensitive stomach of the sick child is liable to revolt against large doses, strong odors and unpleasant tastes.

HYGIENIC TREATMENT.

A severe diarrhœa in a nursing child will sometimes be relieved by seeing to it that the nurse has sufficient and varied food; is free from worry and disease; is cleanly, especially as to her nipples, has an abundance of fresh air, is not overheated; that she has no dyspepsia or constipation.

As an artificial food for babies, cow's milk is still the best, provided it is pure, fresh and can be easily digested. Whole milk, warm from the cow, milk with one-fifth to one-third cocoa added, or prepared according to Drs. Chapman, Dawson and Jacobi's formula, is better, as a rule than any of the patented foods, though Jewell's, Ridge's, Neaves', Nestle's, Liebig's, or the Imperial Granum, will be occasionally useful, given with the milk. Beef juices, and not beef teas, are serviceable in diarrhœas. Ice is demanded where there is much thirst and large watery stools. Water may be given often, but in small quantities. Hypodermic and intravenous injections of cows' and human milk will yet afford, in my belief, a valuable method of nourishing and keeping alive children who have, up to this time, been considered hopeless.

Air is an important adjunct in the treatment. Country air, unpolluted by factory gases or the germs from overcrowding of cities; salt air, the air obtained by the change of a sick child from one part of the city to another; the being for eight, ten, twelve, or fifteen hours even, in the open air, will assist in the relief of many so-called incurable cases, and, of itself, will cure some severe diarrhœas. Good air, and plenty of it, is a wonderful nerve-strengthening agent. While a free circulation of air is necessary by night as well as day, it is important to protect the body from damp by flannel under-clothing or bands; from currents of heated air by moistening the air of the room by suspending in it cloths dampened with water, or by the evaporation of moisture from a large piece of ice placed in the room. Straw ticks, wire woven mattresses and "hammocks" are the best beds for summer use.

Bathing, properly used, is at times a necessary element of treatment. Baths are to be given rapidly to and followed or accompanied by brisk, firm friction with the hands. They are to be given cold or hot, and made stimulating by mustard or salt, if desired; or they are ordinarily best given tepid, and followed by cold spongings. Prompt reaction is of course the test of their usefulness.

Great prostration and severe diarrhœas are best controlled, according to my experience, by cold baths frequently repeated, according to the method explained by Dr. Holmes, of Ontario, * and by Dr. Comegys, of Cincinnati. The temperature of the body should be kept at 100° F. The dangers of cerebral congestion and irritation are lessened by cold spongings or cold compresses with friction, as advised by Dr. Winter nitz.†

For the reduction of high temperatures, and the induction of a free action of the skin, kidneys and liver, inunction is valuable. No better

* "Fifth Diseases."

† London *Lancet*, Sept. and Oct., '78.

* Trans. of International Med. Cong., 1876.

† London *Pract.*, August, 1878.

treatment for chronic diarrhœa has been devised than the injection into the rectum of from half to one pint of water, at the ordinary temperature of the air twice a day or after each movement. Such injections act on the sympathetic nerves, increasing their tone.

Sleep is undoubtedly a "sweet restorer" of lost nerve power. A sleeping baby will have less movements than a wide-awake, restless one. When natural sleep is impossible—and it is rarely so in the open, fresh air—sleep-producing medicines may be necessary.

MEDICINAL TREATMENT.

In over one-half of the cases of diarrhœa that have come under my care during the last few years, pepsin has been the only medicine necessary; has been given after each movement, in 3 to 5 gr. doses, in milk, or in a mixture of glycerine. Dilute muriatic acid, cinnamon or winter-green water, or combined with bi-carb soda, 2 grs., if there was much acidity of the secretions. If an astringent is necessary it may be added to the pepsin mixture. Generally 5 or 10 drops of the fl. ext of black-berry root, or of the geranium maculatum, is sufficient for a dose. These astringents have seemed to me to be preferable to Kino, Catechu, etc.

The medicinal mist. rhei et sodæ has been used in about one-fourth of the cases where an astringent and alkali were needed. Generally but a few doses were needed when pepsine could be used.

Malarial diarrhœa is relieved by the inunction of 3 grs. of quinine twice or thrice a day till 12 grs. are used.

The hypodermic injection of $\frac{1}{60}$ gr. of strychnia, p. r. n., in severe prostration, not otherwise amenable to treatment, is valuable.

One-drop doses of tr. or wine of ipecac., or a fraction of a drop of the fl. ext., or of ac. carbolic, given every hour, will ordinarily relieve the vomiting occurring with diarrhœas.

Aromatic spirits of ammonia seem to be a more reliable stimulant than alcohol.

Cod-liver oil, dialysed iron, and the iodide of iron carefully given, *after* meals, beginning treatment with *small* doses, are serviceable in chronic diarrhœa.

Calomel, opiates, sedatives or strong astringents were used in a small proportion of cases—less than one-eighth, and are seldom deemed necessary if the hygienic treatment can be carried out.

In closing this paper I may add that it was written as an outgrowth of a large experience in the treatment of diarrhœas—a contribution of personal experience only, the result of what seems to me to be a better and more rational method of treatment than I was instructed in in my college days. Certainly it has been attended in my hands by a larger proportion of

recoveries than by old methods. The record of individual cases must be postponed to another time.

ANÆSTHETICS IN CHILDBIRTH.

On this subject M. Lucas Championnière, of the Maternity of the Hôpital Cochin, gives his experience in the *Gazette des Hôpitaux*:—

In some cases, when begun in good time, a few drops only are given from time to time on a handkerchief, the woman herself holding this and breathing the chloroform at the moment when she feels the contractions. Great relief is attained, the woman scarcely feeling the acuteness of the pains, and being able to converse with those around her. She, so to say, anesthetizes herself, proceeding thus gradually until complete dilatation is accomplished, the accoucheur being apprised, by a more urgent resort to the chloroform, that the head has reached the vulva. It is for him alone to determine whether the dose should then be increased or whether the woman should be left to her suffering at the last moment. This is the most simple type of case, in which a very small quantity of chloroform is required. But there are women who are more rebellious to the action of chloroform, especially if its administration is only commenced after they have already suffered severely for one or several hours. They derive no benefit unless it be given more abundantly. They do not lose consciousness, but they have a tendency to drowsiness, during which they know all that is going on; and when this tendency has passed away, they instantly demand more chloroform. In the intervals they remain habitually silent, but care must be taken not to give the chloroform at too long intervals, as the doses would then have to be exaggerated in order to produce sufficient anæsthesia. With this precaution the labor is safely terminated, the women struggling, and showing that they feel the contractions, but without any acute pains. There are other women who are still more refractory—viz., those in whom labor commences only long after the membranes have been ruptured, when the uterus is hard and contracted, or when the labor has very far advanced. In such cases as these Simpson's plan must be followed, of giving a considerable quantity of chloroform at once, pushing on the inhalations without fear, until the woman is completely insensible. Even this is not "surgical anæsthesia," it is only the sleep which precedes the stage of excitement; and if these inhalations be continued for fifteen or twenty minutes, we may then prolong the state of semi-anæsthesia until the end of the labor. The result of semi-anæsthesia, M. Lucas Championnière observes, is the suppression of pain, and of the symptoms of excitement which

so often accompany it. The uterine contractions are not suppressed but regularized, occur at more regular intervals, and become efficacious. The influence, indeed, exerted on the progress of the labor is favorable. It usually proceeds rapidly, and sometimes this rapidity is truly surprising. Not only is this anæsthesia without danger, but even without any inconveniences. The labor, in spite of what has been said, is not delayed, and the child, at its birth, exhibits no signs of insensibility. The sequences of delivery are better, and the strength is more rapidly recovered. An important fact to be insisted upon is that, if we desire to keep within the limits of small doses, the inhalations must be commenced before the woman has suffered much. As to contraindications of his procedure, M. Lucas believes they must be excessively rare; and he does not consider as such either cardiac or pulmonary affections.

TREATMENT OF AMENORRHOEA.

The *Practitioner* says that Professor Courty, of Paris, employs a pill composed of powdered rue, savin, and ergot, of each five centigrammes (2-3 gr.) and aloes from 2-5 centigrammes. Of these thirty are ordered, and three are taken the first day, six the second day, and nine the third day, always in three doses. They are suited for cases of idiopathic amenorrhœa, without great reaction on the economy, and when there is reason to suppose that the suppression of the menses is due either to an insufficient determination toward the genital organs or to a difficulty of discharge, due to inertia of the uterus. In order to encourage the fluxion toward the genital organs, Dr. Courty orders, before beginning the pills, foot baths, sitz baths, and fumigations. He also applies leeches to the labia during the three days the pills are being taken. The pills generally induce colicky pains and often a little diarrhœa.

TREATMENT OF PUERPERAL FEVER.

In cases of puerperal fever, Dr. Jas. Glover gives the following mixture every three or four hours.

R. Quinæ sulph.....	grs. ij.
Tr. ferri chlor.....	Mx.
Spti. chloroformi.....	Mx.
Syrup simp.....	3 ss.
Aquæ destil.....	℥ i.
M.	

He also gives a pill containing half a grain of opium, every three, four, six, or eight hours, and applies a large poultice sprinkled with laudanum over the abdomen. This is renewed every three or four hours. He orders the

vagina to be syringed out, at least twice a day, with warm water, containing a little Condyl's fluid. He rejects ipecac on account of its nauseating properties, and calomel on account of the intestinal irritation it produces. For diet he gives beef-tea or chicken soup, brandy and arrow-root.—*The Lancet*.

JOHNSON'S FLUID BEEF.

Soon after receiving a sample of this fluid beef we had a good opportunity of putting its value to the test of actual experience. We had under our care several children who were suffering from very severe attacks of whooping-cough, and whose appetites were so bad, and digestion so weak, that it was difficult to get them to take sufficient amount of nourishment. In the meantime a tin of Johnson's Fluid Beef having been sent to us, we were induced to give it to our little patients, and we must confess that the trial was a very satisfactory one. It was given sometimes in the form of soup, sometimes spread on bread-and-butter; but in whichever way it was given it was taken when other kinds of food were refused; it was well borne by the stomach, and appeared to furnish so much nourishment that there can be little doubt it contains a large quantity of the most nutritious elements of food.—*Dublin Medical Press and Circular*.

THE RELATION OF ALBUMINURIA DURING PREGNANCY TO PUERPERAL CONVULSIONS.

In a discussion at the New York Obstetrical Society, Dr. Noeggerath said that at a previous meeting it had been stated that thirty per cent. of pregnant women had albuminuria. He thought the proportion was not greater than thirteen or fourteen per cent. It had been further stated that it was safe to treat cases of albuminuria, during pregnancy, by saline diuretics. He had often seen such cases too late. Under certain circumstances, if albumen was present, it was proper to induce labor as rapidly as possible. It was neither the amount of albumen nor of other constituents of the urine which indicated the immediate danger of convulsions. He considered two conditions ominous: I. Albuminuria co-existing with anæmia, or hydræmia. II. Albuminuria co-existing with some nervous disturbance, as severe headache, or dimness of sight. Another dangerous class was that in which albuminuria occurred in very plethoric subjects, where the pulse was very full and hard. If, however, a patient in ordinary health was found to have a slight amount of albumen in the urine, there was no objection to waiting until remedies had been tried. There was only one reliable remedy—Tarnier's treatment by skimmed milk. He had seen albumen diminish considerably within three days, under its use. Another remedy he was astonished not to hear

spoken of was chloral. He mentioned a case in which the albumen disappeared from the urine as long as chloral was given, and reappeared as soon as it was stopped. There were different forms of albuminuria. That of pregnancy was not the same as that which caused the serous effusion of dropsy. Chloral had, perhaps, some influence in changing the character of the albumen.

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D. L.R.C.P., LOND.

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MONTREAL, FEBRUARY, 1878.

TO SUBSCRIBERS.

Subscribers in the country will oblige by looking at the date on their wrapper. The date given is that to which the subscription has been paid.

We have received a copy of the first number of *L'Abeille Medicale*, Journal de l'Ecole de Médecine et Chirurgie de Montréal, de l'Hôpital Hôtel Dieu, de Maternité Ste. Pelagie et des Dispensaires. Redacteur en chef. Ts. E. d'Odet d'Orsonnens, M.D.

The history of the attempt of Laval University to establish a Medical branch in Montreal must be fresh in the minds of our readers, as well as the fact that so far the attempt has failed, and the Montreal School of Medicine still exists, triumphant, and perhaps defiant. We do not intend, at all events at present, to enter into the merits of the dispute, but simply to announce that the journal, the name of which heads this notice, appears as the property and the mouthpiece of the Montreal School of Medicine. We wish we could congratulate it on its appearance, but honestly we cannot do so, for School Medical Journals are in our opinion a nuisance, which we would exterminate as we should the Colorado Beetle. We make this statement carefully, candidly and thoughtfully, and well aware what some will say. The present number is well got up, and has some good selections. Did it appeal to a larger constituency than the graduates of the "School," it would be sure we think to receive considerable support. Its very announcement, however, is not likely to captivate the profession generally.

The present number contains a protest on the part of the "School of Medicine and Surgery" with reference to the Laval difficulty, which is intended as a contribution to the Medical politics of the country. It strikes one as somewhat singular, however, that the Editor and some of the contributors to *L'Abeille Medicale* are announced in it as connected with and Professors in the Montreal School of Medicine, while our contemporary, *L'Union Medicale du Canada*, advertises these same gentlemen as Professors in Laval. Surely they cannot be double-headed professors.

We appeal to our readers for original communications. It is not creditable to the large number of the profession in every section of the Dominion, who receive the RECORD, that they so seldom furnish us with the results of their observations. We fear that among many the habit of keeping notes is not so prevalent as it should be. If this is the case, the loss is a double one, first to the practitioner, in whom note-taking would be sure to develop a closer and more systematic investigation of disease, and secondly, the medical public, who lose the details and the results of many important cases.

VICK'S FLORAL GUIDE.

Of the many Guides and Seed and Plant Catalogues sent out by our Seedsmen and Nurserymen, and that are doing so much to inform the people and beautify and enrich our country, none are so beautiful, none so instructive, as *Vick's Floral Guide*. Its paper is the choicest, its illustrations handsome, and given by the hundred, while its colored plate is a gem. This work, although costing but five cents, is handsome enough for a Gift Book, or a place on the parlor table. Published by James Vick, Rochester, N. Y.

PERSONAL.

Dr. Brown, of Beachville, Ont., has been appointed Assistant Physician to the Provincial Lunatic Asylum, London, Ont., in place of Dr. E. H. Beemer, who has been appointed Resident Physician to the Refractory Department of the Asylum, which has just been completed and opened for the reception of patients.

Sir William Jenner has just retired from the Chair of Morbid Anatomy, in University

College, which he has filled with rare success for nearly thirty years. *The Lancet* says that the demands made upon his time by his appointments and the public, have compelled Sir William's resignation.

The President of the Ontario College of Physicians and Surgeons, Dr. Duncan Campbell, died at his residence in Toronto, on the 5th February. He was born at Edinburgh, in 1811, and came to Canada about forty-five years ago, and settled in the town of Niagara. He removed to Toronto in 1850, and has been a resident of that city ever since. He was a licentiate of the Royal College of Physicians, Edinburgh. He became a homœopath subsequent to his graduation. On the formation of the Homœopathic Medical Board in 1859 he was elected President, and held that position until the Board was merged in the General Medical Council. His election last year as President of the Council was a tribute to his abilities, which will be appreciated when it is stated that there are only five homœopathic representatives in that body, and some twenty-five regular practitioners.

Dr. Hutchinson, Assistant Demonstrator of Anatomy, Bishop's University, has been appointed Surgeon to the Allan Mail SS. "*Peruvian*."

REVIEWS.

Pocket Therapeutics and Dose Book, with Classification and Explanation of the Action of Medicines; Index of Diseases with Appropriate Remedies; Classification of Symptoms; Poisons and their Antidotes, &c., &c., by MORSE STEWART, JR., B.A., M.D., Detroit, Michigan, Price 50c.

This is a very small volume indeed, so small that it could with ease be carried in the vest pocket. It, however, contains a great deal of valuable information, and as a remembrancer we can confidently recommend it.

Essentials of Chemistry, Inorganic and Organic, for the Use of Students of Medicine, by R. A. WITTHANS, A.M., M.D., New York: William Wood & Co., 1879.

This little volume, as its name indicates, contains but the essentials of chemistry. All topics which are not "essential" to an understanding of those chemical problems which have a direct bearing upon the practice of Medicine are omit-

ted. More attention is given to the Chemistry of Therapeutics than of Pharmacy, while Physiological Chemistry, which must now be regarded as one of the most important foundations of rational medicine, is treated in a concise and readable manner. The modern system of notation is adopted by the author. It is just such a work as would commend itself to a chemical student for perusal just previous to examination.

Gastro-Elytrotomy by H. J. GARRIGUES, M.D., Reprinted from the *New York Medical Journal* in pamphlet form of 78 pages.

In this essay the author gives a full account of the history and method of performing this revived operation designed to accomplish delivery during child-birth in cases of extreme pelvic distortion where it would be impossible to otherwise extract the child's body, even when mutilated, *per vias naturales*. In such cases the fearful alternative of Cæsarian Section and the great mortality following it has prompted the invention of other methods whereby the child may be removed without either opening the peritoneum or incising the uterus.

Gastro-Elytrotomy, or, as it is sometimes called, Laparo-Elytrotomy, is one of these methods, and, according to the author's conclusion, is to be preferred to Cæsarian Section, as there is much less danger of shock, peritonitis, metritis or incarceration of the intestines and, while there is great danger in wounding some large vessels, and having excessive hæmorrhage this latter is no greater than what is frequently met with on opening the uterus. Four or five assistants and ordinary skill are all that is required for its performance. The operation was first invented by Joerg in 1806, improved by Ritzi, in 1820, both of Germany, and practised by Beaudelocque in 1823. It fell into desuetude until re-invented by Dr. T. G. Thomas in 1870, who was not aware of its having been previously performed. As Dr. Thomas' method differs in many respects from the methods of his predecessors, and from his success as well as that of Dr. Skene who adopted it, he is justly credited with the honor of introducing an operation which promises to replace Cæsarian Section and save the lives of the majority of mothers and children in those unfortunate cases requiring such interference.

The anatomy of the parts through which the

incisions pass are fully described, as well as the details of the operation and after-treatment. Briefly the operation is performed as follows: An incision an inch above and parallel to Poupart's ligament, extending from the pubes to the anterior superior spine of the ilium, is made, and all the parts beneath are divided until the peritoneum is reached; this latter is pushed upward without being opened and the vaginal wall found. A blunt wooden instrument held in the vagina forms a basis upon which to cut when making an opening in its wall, the bladder is also held so as to cover the ureter and form a guide to the knife. As the vagina is plentifully supplied with blood vessels the incision through it is made as low down as possible, and just sufficient to admit the points of the index fingers, both of which are to be introduced and the required enlargement made by tearing the tissues apart. The uterus being tilted strongly to the opposite side, so as to bring its axis in a line with the womb, the hand is introduced into the womb and os uteri and the child and placenta extracted. Dr. Thomas took 35 minutes and Dr. Skene 10 to 15 in performing it. The occurrence of severe hæmorrhage will make considerable difference in the time occupied.

The right side should be chosen for reasons mentioned but, as the operation cannot be repeated at the same side, the left would be the only choice if required to be repeated. As mention of the operation is only found in the later text books, many practitioners have given but little study to the subject, to such this brief outline may serve to draw their attention to this *dernier resort*. Fortunately the cases requiring this procedure are but seldom met with in Canada, the majority, if not all the cases, of Cæsarian Section being on the dead mother to save the life of the child. At present the record of the operation rests in a few cases, but, from the remarkable success of Drs. Thomas and Skene, it is probably, when more widely known, destined to replace Cæsarian Section for the purpose of removing a living child from a living mother, with a better chance of saving the life of latter. To those desirous of being well informed as to what can be done for such patients we recommend a perusal of this pamphlet, in which they will find full details of the operation, its difficulties, and after-treatment.

No physician can tell when he may be called upon to interfere, and this is one of the emergent operations which call forth his knowledge and ability to fulfil the trusts reposed upon him. There may be no time to look up the subject, a life depends upon what he may decide upon doing, and therefore it is the duty of every physician who practices midwifery to know what can be done, even if he never has the opportunity of doing it.

Habitual Drunkenness and Insane Drunkards. By JOHN CHARLES BUCKNILL, M.D., London, F.R.S. London: Macmillan & Co., 1878. Boards, \$1.

The author of this readable little volume is already well known to the profession as an able writer, having published, in company with Tuke, an excellent work called "A Manual of Psychological Medicine."

The occasion of the present work was the recent introduction of the Habitual Drunkards Bill in the House of Commons by Dr. Cameron, Member for Glasgow, and unfortunately for the subject matter, as well as the dignity of the author, the tone is decidedly controversial.

The question at issue is the wisdom of providing Asylums for Inebriates, which logically hinges upon the question whether drunkenness is a vice or a disease. The author's opinion could not be more felicitously expressed than in the following sentence, page 39:—"My position is briefly this, that what is called Dipso-mania is either a vice leading to disease in the ordinary pathological sequence: or it is an actual and recognisable form of disease of the brain with evidence of its existence more cogent than the mere desire for drink." The discussion of so important a measure as the care of this extensive class of habitual drunkards by a man so well qualified by general and special fitness as Dr. Bucknill, who has, by the way, visited all American Inebriate Asylums but one, cannot be otherwise than interesting to any physician, and will doubtless largely influence any opinion in England in regard to the advisability of erecting Asylums for these unfortunates.

A novel though philosophic opinion is advanced in Chapter IV that while alcohol produces insanity in many cases, it may, judiciously used, prevent other causes, as "grief and anxiety," "worry and over-strain," from operating so

powerfully upon the mind as to cause mental alienation.

The text is large and clear, and free from typographical errors.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, Jan. 10, 1879.

A regular meeting of the Medico-Chirurgical Society was held this evening in the Library of the National History Society's rooms. In the absence of the President, the 1st Vice-President, Dr. Ross, occupied the chair.

There were present: Drs. Ross, Molson, Ritchie, McConnell, Baynes, Buller, Osler, Marston, Loverin, Proudfoot, F. W. Campbell, Guerin, Bell, Bessey, Reddy, Roddick and Edwards.

The minutes of last regular meeting were read and approved.

Dr. Kerry was balloted for, and unanimously elected a member of the Society.

Dr. OSLER exhibited the following pathological specimens:—

(1.) Liver from case of atrophic cirrhosis in a woman aged 40, under care of Dr. Ross. The organ is remarkably reduced in size, and covered with large prominent knobs. On section, the greater portion of liver substance is replaced by fibrous tissue, the strands enclosing groups of lobules which present a yellowish color.

(2.) Kidneys from a woman aged 60, the subject of acute Bright's disease, under care of Dr. Ross. The organs are small, though not atrophic, and appear to be in the molted or conglomerate stage; numerous small areas in the cortices being in a condition of fatty degeneration, appearing as opaque white spots on a somewhat reddened back-ground. These fatty areas can be plainly seen from the surface, and give a curiously spotted or granular appearance to the organs; indeed it was to this form that Rayer gave the name of "granular" kidney, now usually restricted to the atrophic variety.

From the same case, an enormously thickened pleura, involving both layers, confined chiefly to the lower and diaphragmatic portions.

(3.) The organs from a man, the subject of stricture, chronic cystitis and surgical kidney, under the care of Dr. Roddick. Four days before death a jaundice had developed, and became very intense, without any obvious cause. Death took place suddenly and unexpectedly.

Heart relaxed, right chambers full, left empty and very placid. The stricture was just in front of membranous portion of urethra. The bladder is hypertrophied; mucous membrane congested, not ulcerated, but presents several round orifices leading to saccular dilatations, one of which on the right side is as large as a small apple; the others, five or six in number, range in size from a pea to a walnut. The ureters do not appear inflamed, but in the pelvis of right kidney there was found muco-purulent matter. The kidneys are enlarged, particularly the right, in which, on section, numerous areas of suppuration can be seen, chiefly in the cortex, but also running down the pyramids. Only a few purulent foci were found in the left organ.

The liver was large and fatty; common bile duct pervious, and nothing was found to account for the jaundice.

Dr. BULLER read a paper on the use of Eserine in ophthalmic practice. He remarked that the calabar bean was a remedy that had not obtained much use till comparatively recently, that is until an alkaloid prepared from the bean, and named Eserine, could be advantageously substituted for the solution of the extract. Several neutral salts of the alkaloid are in use; the sulphate is the one Dr. Buller has used. In prescribing it he orders a very small quantity at a time, say half a grain to one, two, or three drachms of distilled water. The solution formed is at first almost colorless, but soon turns red. A drop of such a solution does not cause any smarting sensation when put into the eye. In about fifteen minutes after, the pupil is strongly contracted, and twitching of the lids generally takes place. An emmetropic eye, if examined a few minutes after the solution has been applied, is found temporarily myopic. The effect of Eserine on the eye reaches its greatest intensity in about an hour, and then gradually passes off. It is claimed for Eserine that it increases the activity of the circulation in the anterior part of the eyeball, and lessens the pressure within the anterior chamber. This granted, its use would be specially conceded in cases where it was advisable to improve the vital power of the cornea. Some of the affections of the eye treated with more or less benefit by this remedy are glaucoma, various forms of corneitis, especially where there is a tendency to necrosis or destructive ulceration, phlyctenular disease both of the

conjunctiva and cornea, episcleritis, conical cornea, hysterical photophobia, paralysis of the iris and ciliary muscle, wounds of the cornea near the periphery, in which there is a tendency to prolapse of the iris or after a recent prolapse at this part has been reduced. It is also said to have a good effect when dropped into the eye before and after the ordinary operations for cataract, preventing prolapse of the iris at the angle of the wound, and diminishes the tendency to formation of pus during the healing process. Dr. Buller's experience of Eserine in glaucoma has been limited, but such as it has been it has led him to cherish little hope that we have found in it a substitute for iridectomy. He has been pleased with its result in the treatment of ulcers of the cornea, also in inflammatory infiltrations without ulceration. In the phlyctenular keratitis of children it has sometimes worked well, even when Atropine has failed to give relief. Dr. Buller could lay down no rule, except when one has had a fair trial and failed, then resort to the other. In paralysis of the ciliary muscle of old standing he had seen no benefit in its use, but in recent cases he had had good results.

Dr. PROUDFOOT considered Eserine a more elegant preparation and more to be relied on than Extract of Calabar Bean. In glaucoma he had tried it in a few cases, but had failed to get a full history of the cases. In phlyctenular keratitis and conjunctivitis he had found its action very satisfactory, especially in keratitis where infiltration has taken place. In mydriasis with a syphilitic history he had used it with good result. In deep-seated ulceration of the cornea it acts well, limits the production of the pus. He had also used it in traumatic cases. For two years he had used pylocarpine, the alkaloid of jaborandi. It is a permanent crystal, and not so deliquescent as Eserine.

Dr. BULLER said Eserine is equally useful on the system, and could be used hypodermically. It is said to be productive of a sense of sea-sickness in some cases.

Dr. REDDY had used pylocarpine in $\frac{1}{4}$ grain doses every eight hours to produce diaphoresis in dropsy following scarlet fever.

A vote of thanks to Dr. Buller was moved by Dr. REDDY and seconded by Dr. PROUDFOOT, and carried.

Under the head of Cases in Practice, Dr. F. W. CAMPBELL remarked that he had had lately two

cases of *Scarlatina sine eruptione*. The symptoms otherwise peculiar to the disease were well marked.

Dr. Ross said there are some cases in which the eruption is very faint, and laid emphasis on examining the root of the neck.

Dr. Ross related an interesting fact in the diagnosis of aneurism of the arch. Throw up the patient's head, and seize the cricoid cartilage; a strong pulsation is transmitted up the trachea and distinctly felt by the hand.

Dr. OSLER gave notice of motion to change the night of meeting from Friday to Saturday.

Dr. McCONNELL was announced as the reader of the paper at the next regular meeting.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,

Secretary.

MONTREAL, Jan. 23rd, 1879.

A regular meeting of the Medico-Chirurgical Society was held this evening, the President, Dr. Henry Howard, in the chair.

There were present: Drs. Henry Howard, Kennedy, Kerry, Molson, Ross, Guerin, Alloway, McConnell, Bell, Blackader, Fenwick, Smith, Marston, Munro, Reddy, Ritchie, Osler F. W. Campbell and Edwards.

The minutes of last regular meeting were read, and on motion confirmed.

Dr. OSLER exhibited a specimen of obliteration of the inf. vena cava, extending from the orifices of the hepatic veins to the entrance of the renals.

Dr. ALLOWAY gave a brief history of the patient:—

J. G., aged 24, a packer by occupation, consulted him on the 12th of December for a sharp attack of diarrhoea, which lasted for over a week, and kept him in the house. He got better, and was about to go to work when the symptoms returned, and on the 21st swelling of the abdomen and legs was discovered. The patient then stated that he had been at times subject to swelling of the feet and legs for five or six years, but had never suffered any inconvenience until about two weeks before, when a varicose vein had burst, since which time he has worn an elastic stocking. The ascites increased rapidly, and the legs pitted as high as the hips. It was thought to be an unusual case of cardiac dropsy. A peculiar murmur was

heard over the heart, loudest at the ensiform cartilage, heard faintly in the axillary region and quite distinctly in the right vertebral groove. By the 28th of December the ascites had increased so much that to give relief the belly was tapped, and about a common pailful of serum removed. The fluid rapidly re-accumulated, though the legs were not so large. On January 6th, he had again to be tapped, and a somewhat larger quantity of fluid was drawn off. The urine was at first scanty but normal, no albumen; afterwards the amount rose to about 30 ounces daily. The veins of abdomen were slightly prominent. The diarrhoea had disappeared, but he vomited occasionally. On January 12th, symptoms of collapse set in, and there was tenderness over the swollen abdomen. He died on the 15th.

Dr. OSLER then gave the following account of the autopsy:—

The abdomen contained about a pailful of turbid serum; peritoneum intensely congested, but not cloudy or covered with lymph. Nothing unusual about heart or lungs. *Spleen* enlarged and firm. *Kidneys* large and fibrous. *Pancreas* very much indurated. *Liver* also increased in volume and excessively dense, and the lobules separated by a new growth of fibrous tissue. The inf. vena cava was found obliterated and converted into a dense fibrous cord from the diaphragm to renals, a distance of over 2 inches. Below the occlusion the vein was dilated, walls thickened and atheomatous; its branches were very large. The renals, spermatics and iliaes and the lumbar were greatly dilated. A very large vessel, almost equalling the cava in size, passed from the left renal vein along the left side of the aorta, opening into the common and the external iliac.

The azygos major was as large as the inf. cava, and the lower intercostals and azygos minor were also very large. The branches of the portal vein were full of blood, even to the remote vessels, the capillaries of the stomach and intestines being engorged.

The hepatic veins were enlarged and prominent in the sections of the liver; they opened into the cava by two tiny orifices, not so large as crow-quills. The veins of the diaphragm and ligaments of the liver were greatly distended, and the œsophageal plexus contained numerous large veins.

He remarked that the case presented many interesting pathological and clinical points. The great majority of cases of occlusion of the vena cava result from compression or the extension of thrombi from other veins. In this instance no such cause could be found, and it must be reckoned among the rare cases of obliteration from a primary change in the vessel itself, probably phlebitis. A case reported by Robin in the *Archives de Physiologie* was referred to, and the plate shown, where the occlusion had lasted for over twenty-two years, the collateral circulation having been carried on through the azygos and external abdominal veins. In this case the condition of the vein, the fibroid state of the organs, and the fact that for some years the patient had had swollen legs, go to show that the occlusion was of long standing. The circulation had been maintained chiefly through the azygos by its lumbar branches and through the large supplementary vein on the left of the aorta. The cases of Baillie and Reynaud are the only ones reported in which the occlusion also affected the hepatic vein. The sudden onset of the final illness was to be looked for in the state of the liver and portal circulation. The stenosed orifices of the hepatic veins had kept the portal system congested, and the blood had to find its way through collateral branches as in ordinary cirrhosis. The chronic congestion had induced a state of fibroid induration in the spleen, pancreas and liver, in the latter amounting to a tolerably advanced cirrhosis. The ascites came on suddenly, as it does sometimes in cases of ordinary cirrhosis without the usual premonitory signs.

Dr. J. B. McCONNELL read a paper on "Ichthyosis Hystrix." After giving a description of this remarkable skin disease, he brought before the Society's notice a case which had occurred in his own practice, interesting from the unusual manner in which the disease was distributed over the surface, and from its occupying certain localities usually thought to possess immunity from its attacks.

Remarks upon the paper were made by Drs. Reddy, Kennedy, Osler, Ross and Roddick, after which a vote of thanks was moved by Dr. KENNEDY, and seconded by Dr. RODDICK, to Dr. McConnell for his paper.

Under the head of "Cases in Practice," Dr. F. W. CAMPBELL mentioned the fact that he had

attended a child for scarlet fever, and six weeks after the same child had a second, with symptoms as well marked as before. Both attacks were followed by distinct desquamation.

Dr. HOWARD was announced as the reader of the paper for next meeting.

The meeting then adjourned.

OLIVER C. EDWARDS,
Secretary.

MONTREAL, February 7th, 1879.

A regular meeting of the above Society was held this evening in the Library of the National History Society Room. The President, Dr. Henry Howard, in the chair.

There were present: Drs. Henry Howard, Kennedy, Osler, McConnell, F. W. Campbell, Reddy, Proudfoot, Kerry, Ritchie, Loverin, Molson, Ross, Bessey, Brodie, Guerin, Roddick and Edwards.

The minutes of last regular meeting were read and approved.

Dr. OSLER exhibited the following specimens:

1. Disease of right vertebral artery leading to aneurismal dilatation, rupture, meningeal hæmorrhage. The patient, a man, æt. 34, had had syphilis eighteen months before. He was found dead in his bed on the morning of the 26th of January. At the post mortem a thin extravasation of blood covered the base of the brain, extending over the pons, medulla and cerebellum posteriorly, and to the optic commissure in front. The right vertebral artery was found dilated, the walls thickened, and at a point just beyond the entrance of the left vertebral, which was very small, there was a perforation the size of a pin's head. The basilar artery was also diseased, the coats very thick; carotids a little involved. No heart disease. Other arteries of the body healthy. From the absence of general arterial disease and the syphilitic history it was probable that the arteritis was of a specific nature. The vertebrals are not often affected in this form, and it is unusual for syphilitic arteritis to follow so soon after the infection. The histological examination would throw some light, and, when made, a report will be furnished.

2. A specimen of Theckel's diverticulum, taken from a patient dead of phthisis. It pro-

jected from about the middle of the ileum, its usual site, and the specimen measured about four inches in length, and was of nearly the same caliber as the intestine above and below it. The point was adherent to the mesentery by a small cord forming a perfect loop or snare. This represents one of the most common malformations of the bowel, and is believed to be the remnant of the omphalo-mesenteric duct.

3. A specimen of dilated stomach, following cicatricial contraction of an ulcer in the region of the pylorus, under the care of Dr. Ross in the Montreal General Hospital. Dr. Ross remarked that the patient had been admitted two and a half months ago, complaining specially of dyspeptic symptoms. The stomach was much distended, heartburn and vomiting, the latter more frequently at night was noticeable. Vermicular movements were seen every few minutes, the contractions extending from left to right. She vomited several pints of fluid a day or two after admission. She was treated by the stomach pump and sulphite of soda, fed per rectum with beef tea and brandy. Dr. Ross thought it not malignant, but fibroid disease of the pyloric end of the stomach. There was no history indicating gastric ulcer. The organ was enormously dilated, occupying the entire abdominal cavity, extending to the pubis. It measured eighteen inches in length, and had a capacity of eight pints. A quantity of a dark colored fluid, together with numerous cherry and plum stones, were contained in it. The muscular coat was very thick, especially the middle layer. Mucous membrane thin at cardiac extremity, thicker and more natural looking at the pyloric portion. Close to the pyloric orifice was an old ulcer, semi-lunar in shape, about two inches in length and half an inch in breadth, with a firm dense floor of fibrous tissue and a thickened indurated base. In contracting it has puckered the mucous membrane about the pyloric orifice, several folds projecting into the lumen. A drawing showing the position of the stomach *in situ* was exhibited by Dr. Ross.

4. A specimen of cirrhosis of the liver.

Dr. Ross gave a brief clinical history of this somewhat unusual case. The patient, a hard drinker, was admitted to hospital about Christmas, and stated (positively) that up to this time he had never suffered from any gastric or intestinal troubles. On admission the legs were

swollen, and there was ascites, which increased gradually. On Friday, Jan. 24, he began to vomit blood, and this continued on and off until Tuesday, when he died.

The organ presented an advanced degree of cirrhosis, and was very much reduced in size. The left tube was united to the right by a flat band of fibrous tissue, devoid of liver substance. The surface of the organ was covered with coarse knobs, and on section the amount of connective tissue between the lobules was very great.

5. A specimen of suppuration of the gall-bladder and bile passages owing to the lodgment of a gall-stone at the orifice of the common duct.

Dr. REDDY narrated the history of the case as follows:

Dr. REDDY stated that the patient had died at the age of 70. Was afflicted with spasmodic asthma. On the 24th of May last had an attack. On 11th of July he had an attack of jaundice. He went shortly afterwards to Quebec, and returned to Montreal in August. On 1st of September had a shivering fit. On examination the liver was found enlarged. Dr. Reddy was of the opinion that there was an abscess in the liver. In consultation with Dr. G. W. Campbell it was thought best to postpone any operation. He died on the third of February. The liver was not enlarged, but extending from beneath the anterior border was a large succular body, firmly attached below the omentum, duodenum and transverse colon. This proved to be the gall-bladder distended with pus. On dissecting the part in the hepatico-duodenal ligament a gall-stone the size of a marble was found at the orifice of the common bile duct, which was dilated behind to the size of the thumb, and contained a creamy bile-stained pus. All the ducts throughout the liver were dilated, filled with pus, which on section of the organ oozed out at points corresponding with these vessels, and gave the appearance of numerous small abscesses through the substance.

The gall-bladder contained about a pint of pus, and two small stones. The walls of the upper part were completely ulcerated away, and the pus bathed the surface of the liver.

Dr. HENRY HOWARD read a paper entitled "Responsibility and Irresponsibility in Crime

and Insanity." He remarked that there never was a time when there was so much written on mental science and mental diseases as at the present day, and yet mental diseases were less known and less studied now than ever by the medical practitioners. Asylums now shelter many who formerly were placed in hospital and under the supervision of medical students, and they are thus deprived of the clinical study of the insane. Dr. Howard suggested a plan to meet this want, that by a government order some of the insane now confined in the Longue Pointe Asylum should be brought up to the Hospital and serve as instruction to the students.

Dr. HOWARD furthermore advised that this Society should, by petition, now ask for legislation by the Dominion Parliament to define responsibility and irresponsibility, and on scientific ground state where the former ends and latter begins.

Dr. HOWARD entered into a description and definition of the states known as moral insanity and moral depravity or criminal neurosis, and held that a man's moral responsibility depends on his mental organization. Punishment has hitherto been the only way to meet crime, but it should not be according to the enormity of the crime, but in accordance with the amount of moral responsibility possessed by the culprit. Where an irreclaimable and incurable criminal was found treat him as an incurable maniac and lock him up for life, not for punishment, but to protect society and put a stop to the procreation of such animals. The legislation should recognize the fact that poverty is the great objective cause of crime; that, while grades of society must of necessity exist, laws should be enacted to prevent pauperism, the grade from which criminals are drawn.

In the discussion following Drs. Kennedy, Ross, Osler and Bessey took part.

A vote of thanks to Dr. Howard was moved by Dr. REDDY and seconded by Dr. LOVERIN, and carried.

Dr. KENNEDY moved and Dr. RODDICK seconded, that a committee, composed of Drs. Henry Howard, Reddy, Ross and F. W. Campbell, report to this Society on the question of memorializing the Government to define clearly what is responsibility in insanity. Carried.

Under the head of "Cases in Practice," Dr.

F. W. CAMPELL stated that he had lately tried quinine in whooping cough, and had found its action very satisfactory.

Dr. OSLER was announced as the reader of the paper at the following meeting.

After a short discussion on the question of members in arrears the meeting adjourned.

OLIVER C. EDWARDS, M.D.,
Secretary.

PYROGALLIC ACID IN HÆMOPTYSIS.

In the *Dublin Medical Journal*, for December last, Dr. A. Vesey speaks highly of this agent in hæmoptysis, metrorrhagia and other internal hemorrhages. He says—

Pyrogallie acid appears to me to have the following advantages: The dose is small; it does not disarrange the stomach in the way that the usual gallic or tannic acid mixtures do; it does not cause vomiting, as iron and ergot mixtures sometimes do; it is easily taken, and has no disagreeable after-taste. It appears to be more rapid and certain than any of the remedies mentioned above, and far surpasses the time-honored acid infusion of roses, or pil. plumbi cum opio. It dissolves readily in water or in spirit. A spirit solution of definite strength affords a convenient and ready method of administration.

CURRENT LITERATURE.

New Books published in January, 1879.

Cure, Law of. T. M. Triplett, 4th ed. 16°, pap., 20c.—*Duncan Bros.*

Guiding Symptoms of our Materia Medica. Vol. I. Constantine Hering, M.D. 8°, 500 pp., \$5.; library leath., \$6; half mor., \$7. F. M. Stoddart & Co., Philadelphia.

How to be Plump. T. C. Duncan, 4th ed. 16°, flexible, 50c.—*Duncan Bros.*

Loss of Weight, Blood Spitting, and Lung Disease, On. Horace Dobell, M.D. 8°, 274 pp., \$3.25. *Lindsay & Blakiston*, Philadelphia.

Lung Disease. See *Loss of Weight*.

Medical Chemistry, including the Outlines of Organic and Physiological Chemistry. C. Gilbert Wheeler, M.D. 2nd ed., enl. 8°, 424 pp., \$3. *Lindsay & Blakiston*, Philadelphia.

Surgery of the Face. Francis Mason, F.R.C.S. 8° 170 pp. \$2.25. *Lindsay & Blakiston*, Philadelphia.

System of Medicine, A. Vol. V. Ed. by J. Russell Reynolds, M.D. 8°, \$7.50; sh. \$8.50. *J. B. Lippincott & Co.*, Philadelphia.

Women, Diseases of. Ludlum. 8°, 670 pp., sh., \$5. *Duncan Bros.*

—The Medical and Surgical Diseases of. A. L. Clark, A.M., M.D. Illus. 8°, 410 pp., sh., \$4. *Jansen, McClurg & Co.*

BELLADONNA PLASTERS.

We beg to direct the attention of the profession to advertisement of Messrs. Grosvenor & Richards, manufacturers of Belladonna and other plasters. A physician of considerable experience himself, the senior partner of this firm possesses exceptional qualifications for the business in which he is engaged, a fact fully proved by the extraordinary esteem in which the goods of the firm are held. Dr. Grosvenor was the first to turn to practical account an improvement in compounding Belladonna Plasters by the use of purified rubber as a basis of combination. The extraordinary success of Dr. Grosvenor's method has induced a host of imitations, but in action the difference in favor of "*Emp. Belladonna Grosvenori*" is speedily made clear. By eminent American authority these have been pronounced "superior to any now in use." Arrangements have been completed for their being supplied in Canada through Messrs. Lyman, Sons & Co., of this city. We have no hesitation in recommending the goods of this firm.

LACTOPEPTINE.

This preparation, which has the merit of being considerably cheaper than the best kinds of Pepsin, has been found by actual experiment to possess a decided and uniform solvent power, greater, weight for weight, than Pepsin as usually prescribed. It is a combination of Pepsin, Sugar of Milk, Pancreatine, Ptyalin, and Lactic and Hydrochloric Acids. We have administered Lactopeptine in a number of cases where Pepsin was indicated, and have been fully satisfied with the result.—*N. Y. Medical Journal*.

WYETH'S DIALYSED IRON.

"In this city I have found nine varieties of so-called Dialysed Iron. Some of these were manufactured here, but most of them were made elsewhere. Genuine Dialysed Iron is nearly tasteless. It has the faintest possible saline flavor and a mere suspicion of roughness. Slightly diluted, its taste recalls that of fresh blood. It is not in the least unpleasant, and does not blacken the teeth or tongue. It seldom or never produces any gastric disturbance or headache, and very rarely constipation. It is exceedingly reliable and rapid as a tonic.

"The spurious forms of this drug are without the characteristics of taste and efficacy above enumerated, and chemical analysis readily detects their deficiencies. One of the spurious specimens before alluded to, was little less unpleasant than the Tincture of Muriate of Iron, another was excessively acid, another was decidedly saline, another was exceedingly astringent, another was sweetish, another was bitter, and another was seemingly only colored water; another more nearly approached correctness, but only a single specimen possessed the peculiarities of the true article.

"My attention was first directed to this matter through the failure or misbehavior of the Dialysed Iron in practice. It is but just to say that the good specimen is from Wyeth & Brother, the original manufacturers of this medicine in America."—LUNSFORD P. YANDELL, M.D., *Professor of Therapeutics and Clinical Medicine in the University of Louisville*.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

THE CINCHONA BARK COLLECTORS OF SOUTH AMERICA.

BY HENRY R. GRAY.

Quinine is regarded by the medical profession as the best febrifuge yet discovered. The evidence of every traveller in every clime abundantly proves this assertion to be true. Gordon Cumming, Speke, Grant, Baker, Livingstone, Stanley, and a host of other explorers bear testimony to its efficacy in intermittent fevers, while Royle in his *Materia Medica* says that "in some parts of the world it is a necessary of life."

As I merely intend in this paper to give a short sketch of the usual method of collecting the cinchona bark, which produces this valuable alkaloid, and to introduce you to the cinchona bark collectors of South America, the famous Cascarilleros, it will not be necessary to allude to the more modern methods adopted in the Neilgherry Hills in India, for gathering the bark with the least possible damage to the trees.

Without inflicting on the reader all the hackneyed tales connected with the introduction of this drug into Europe, it may be safely said that the Jesuits, who early established missions to the natives of Bolivia and Peru, were the first introducers of it into Spain; so that, if we owe nothing else to the Jesuits, we at least owe them a debt of gratitude for this grand addition to the *Materia Medica* of the world.

Cinchona bark, sometimes called Peruvian bark, is derived from an evergreen tree, named by Linnaeus *cinchona*, a genus expressly established for it. The modern botanist has given the name of cinchona to the order, and to the family the name of Cinchonales. This family is composed of about thirty-six known species, including one out of every thirty-eight members of the tropical flora of South America. There is in the United States only one representative of the family, the "pinkneya" of the Southern States, whose bark is used as a febrifuge by the negroes; its effects, however, are not well marked.

Let us now bury ourselves in a great forest, the vast trackless woods which cover the valley of the mighty Amazon—a forest where the leaves never fade and the snow never falls; where the settler has scarcely hewed out a single clearing,—a vast primeval forest as big as all Europe, in fact, the largest in the world. There is one part where a straight line might be drawn across it which would measure the enormous length of 2,600 miles, and there is a point in it from which a circle might be described with a diameter of more than 1000 miles. The whole area included within this vast circumference is covered with dense unbroken primeval forest. Many strange forms of life, both vegetable

and animal, here find a congenial home: the cow tree with its abundant fountain of rich milk; the seringa with its well known and valuable elastic gum; the curious volader with its winged seeds; the wild indigo, vanilla, annatto, paullinia sorbilis, erythroxylon coca, and, beyond all, in importance to mankind, the cinchona with its fever-killing bark. On the creeks and rivers we shall see tall flags like Saracen spears, the golden arundinaria, the bamboo and the cana brava. On almost every pool we shall see the gorgeous *Victoria Regia* with its massive wax-like flowers and huge circular bronzen-green leaves. The rank damp earth is alive with insects and the trees with gaudy colored birds. To read the descriptions of recent travellers in this almost unknown region is to excite a desire to go there and explore.

Take an atlas and turn to the map of South America, trace an imaginary line from the headwaters of the River Purus in Bolivia, on the south, along the slopes of the Andes as far north as St. Martha and Merida, fronting on the Caribbean Sea and you have at once the cinchona region in your mind's eye, remembering of course that the cinchona is never found at a lower altitude on these slopes than 2000 feet (some authors say 3000 feet) above sea level, and never higher than 9000 feet. The mean temperature of this region is 62° with much moisture. Recent explorers have discovered several species of this tree on the western slope of Chimborazo and in the river valleys emptying into the Gulf of Guayaquil. A species also grows on the Quindia range of the Andes in Grenada, and further discoveries are continually being made and new barks appearing on the market.

We will now direct our attention to the cascarilleros. The bark of the cinchona tree is called by the natives cascarilla, this being the Spanish name for bark, and the bark collector is called a cascarillero. He is either a New Granadian, Ecuadorian, Peruvian or Bolivian, according to the country in which he collects. He is usually a white man, though often with Indian blood in his veins; he has generally in his employ several pure bred Indians who do the hard work of his calling. Sometimes the Indians become cascarilleros on their own account, but they are mostly employed by a master cascarillero, who takes his case in a town hundreds of miles from where the lonely Indians are gathering the bark. One man in each gang is a cateador or climber. His business is to climb to the top of the tallest trees, and from thence take a survey of the surrounding forest. He can distinguish the cinchona from all other trees, even at long distances, just as an Ottawa lumberman can tell a pine from a poplar, and this too as far as he can see.

He knows the young trees by their dark green glistening leaves, and the old ones by the peculiar color of their veins and mid-ribs. He recognizes the cinchonas too by their pinkish-white flowers, which contrast strikingly with the deep shade of the surrounding foliage. He then marks in his mind all he can see, whether single trees or clumps,

which are designated in Spanish *manchas*, or spots.

It must be remembered that cinchonas are not of gregarious habit. They stand singly or in isolated groves or clumps, and indeed this may be said of all the trees indigenous to the Amazon valley with the exception of the palm; consequently the cateador or climber has to have great experience at his task, and to search sharply for the trees he intends the *cascañeros* to decorticate.

As soon as he has fixed the bearing of a *mancha* or clump in his memory he descends and enters upon a different phase of his duty, which is to conduct the *cascañeros* through the tangled mazes of the thick bush to the spot he has discovered, and this he does with the unerring certainty of a western trapper or a northern lumberman. On arriving at a fair-sized grove the real work of the *cascañero* begins. A shanty is first erected out of the abundant materials at hand, palm trunks for supports, *cana brava* for walls, and the broad leaves of the wild plantain for the roof. The men then set to work at the cinchonas. Down come the trees under the strokes of an axe, usually a bright-edged one of North America manufacture, for, be it known, Yankee axes, Brandreth's pills and Florida water can be bought even on the Amazon. The trees being felled are cut into sections. Circular incisions round the logs are then made with a sharp knife, at the distance of several feet from each other, and finally longitudinal cuts intersecting all the others. The logs are then left a few days exposed to the fervent heat of the tropical sun, after which the bark readily peels off, to be further dessicated, either by gradual drying under a temporary shelter, or by direct exposure to the rays of the sun, according to the age and variety of the bark and its thickness. It is next formed into convenient bundles, tied up, packed in skins, and carried on the shoulders of the *cascañero* to the nearest point whence it can be transferred to the back of a mule, to be forwarded in charge of *arrieros* or mule drivers to some important frontier town, where it changes ownership, and is afterwards transported in ships to the commerce of the outside world.

(To be Continued.)

THYMOL AS AN ANTISEPTIC.—Dr. L. Lewin has found that the addition of one-tenth of one per cent. of thymol is capable of arresting saccharine and lactic fermentation, which would place this substance even higher in rank than carbolic or salicylic acids. It suppresses every kind of fermentation or putrefaction. Dr. Lewin recommends it chiefly for the antiseptic treatment of wounds, also as a remedy for stomacheic fermentation and dilatation, and in diseases depending upon the action of living organic germs, such as diphtheria. It also arrests excessive secretion by mucous membranes. For internal administration it may be given in solution in water, 0.5 gm. of acid in 1,000, afterwards of double the strength, 1.0 gm. in 1,000, two, three, or more tablespoonfuls a day. For external use the saturated aqueous solution (1 : 1,000) is generally sufficient; but for

washing out offensive wounds it should be employed in a stronger alcoholic solution.—*Virchow's Archiv.*

THYMATES AND OTHER SALTS OF THYMOL.—We have already drawn attention to the therapeutical uses of thymol, by some called thymic acid. Some important experiments have been made by Sig. Cozzolino, who has published a good paper in the *Giorn. Internaz delle Scienze Med.*, in which he speaks of sulpho-thymate of quinine as worthy to rank beside the sulpho-carbolate or the salicylate of this alkaloid. It is white, very slightly soluble in water, though freely in acidulated water, in ether, and in alcohol.

In the same paper Sig. Cozzolino calls attention to thymate of soda, which is so pleasant in flavor that children take it most readily. It is a mild febrifuge, but of most value as a carminative and antiseptic. Dose: 50 centigrammes for infants; 3 or 4 grammes for adults. As a mouth-wash it is useful in aphtha and muguet, especially in the cachectic form, associated with phthisis, typhus, syphilis, &c. As an antiseptic injection, it may be employed in vaginal, uterine, and vesical diseases.

ON THE EMPLOYMENT OF THE OXALATE OF CERIUM IN PREGNANT SICKNESS.—(F. A. Image.) Says that the official dose of one to two grains is utterly useless, but that doses of ten grains will, in most cases, completely check the nausea of pregnancy. He also uses it to relieve nausea caused by uterine irritation from other causes, in combination with potassium bromide.—*The Practitioner.*

KOUMISS may be made as follows: Take two pints of new milk, one gill of either clabber or fresh buttermilk, and three or four lumps of white sugar. Mix together, and dissolve the sugar in the liquid. Put it in a warm place to stand for ten hours, by which time it will be thick; pour it from one jug to another until it is quite smooth. Bottle it in soda water bottles, and allow it to remain in a warm place for thirty-six hours—twenty-four in summer. Use the best velvet corks, tied down with cord, to close the bottles. Shake the bottle well before it is opened. It will have whey at the bottom when it is fit for use. It should be made every day; its fermentation is the test of its excellence. The above process is that recommended by Dr. Townsend, which we reprint from a former issue of *The Druggist's Circular*.

SEA-WATER SOAP.—The new salt-water soap patented in Germany is simply common soap containing a certain quantity of phosphate of sodium. This addition enables it to form a good lather with almost any natural water. The oldest form of marine soap was made with coconut oil, which needs no addition to make it useful at sea.

NITRIC ACID FOR HOARSENESS.—Dr. W. Handell Griffiths says that a few drops of nitric acid in a glass of sweetened water, a couple of times a day, will be found an excellent remedy for the hoarseness of singers. One of the largest fees ever received by him—so he says—was for this prescription.

OSTRICH PEPSINE.—M. Alfred Ebelot, in an article in the *Revue des Deux Mondes*, on the means employed in the Argentine Republic to protect settlers in the Pampas from the Indians, gives some curious statements with regard to ostrich pepsine. The soldiers never could resist an ostrich hunt when they saw a male ostrich, as is the custom of that bird, taking out its young brood for food and exercise. The parent bird generally escaped, leaving its young in the hands of its enemies. When other food was scarce they ate the young ostriches. Some portions of the flesh of these birds when young and fat are reckoned dainty by the Indians. Whilst eating the ostrich the Indians always carefully put aside the stomach in order to collect the pepsine which it contains. "The stomach of the ostrich," says M. Ebelot, "is celebrated for its incredible powers of digestion. The abundance of pepsine, to which it owes this faculty, has created among Indians a curious commercial fraud. They dry and sell it literally for its weight in gold. It is used for the purpose of restoring worn-out stomachs." A London medical journal says: "We think 'ostrich pepsine' such a splendid name for business purposes that we wonder it has never been adopted. The pepsine of the pig would have no chance in competition with that of the ostrich, and no great city dinner or regimental mess would be complete without a supply of this infallible specific, 'pour refaire les estomacs délabrés.'"

NEW METHOD OF COVERING THE TASTE OF COD-LIVER OIL.—Dr. Ponteres mixes a tablespoonful of cod-liver oil with the yellow of an egg, and when they are thoroughly combined, adds to them a few drops spirits of mint and half a glass of sugar water. In this way he obtains a sort of mulled egg, which differs very little from ordinary mulled egg, and which presents neither the taste nor odor characteristic of cod-liver oil. It can consequently be taken without repugnance by the most fastidious patients.—*Union Medicale. N. Y. Record.*

DEODORIZING PETROLEUM.—To *The Druggist's Circular*: Can you favor me with a formula for deodorizing kerosene or coal oil? Please answer through your journal, and oblige yours, etc., H. J. B.—*London, England.*

[ANSWER.—A process was published in *The Druggist's Circular* of March, 1877; it appears simple and economical enough, but we cannot say how it succeeds in practice. It is as follows:

Take of alcohol of 93°.....	1 pound.
Sulphuric acid.....	2 ounces.
Nitric acid.....	2 "
Petroleum.....	20 pounds.

The acids are first introduced separately into the petroleum by means of a glass funnel long enough to reach near the bottom of the vessel; and the alcohol is poured on the surface of the liquid, whence it

slowly descends to the lower stratum, and comes in contact with the acids. At that time heat is developed, effervescence takes place all through the mass, and a small quantity of nitric ether is formed. The products of the reaction have a very pleasant odor, and the petroleum acquires a similar smell, becoming at the same time slightly yellow. The operation lasts about one hour, after which the mixture is to be washed with a small quantity of water, and allowed to settle for eight or ten hours. The upper layer is deodorized petroleum. The remaining liquid can be used for heavy oils by simple agitation, followed by washing with milk of lime to remove the excess of acid.

Another process is to mix chloride of lime with the petroleum, in the proportion of three ounces for each gallon of the liquid to be purified. It is then introduced into a cask, some muriatic acid is added, and the mixture is well agitated, so as to bring the whole of the liquid into intimate contact with the chlorine gas. Finally, the petroleum is passed into another vessel containing slaked lime, which absorbs the free chlorine, and leaves the oil sufficiently deodorized and purified.

CARBOLIC ACID ODOR DISGUISED.—In this preparation the disagreeable odor of the acid is simply masked by the use of oil of lemon, which has no prejudicial action upon its antiseptic properties. The recipe is published in the *Moniteur Scientifique*, of Paris, and is as follows:

R

Carbolic acid.....	3 i;
Oil lemon.....	3 iii;
Alcohol at 36°.....	3 xiiss;

The mixture is quite perfect, and appears to be very stable. The odor of the oil is alone appreciable.—*N. Y. Brief.*

An unfortunate French pharmacist has been fined more than 600 francs for selling some *eau blanche*, or acetate of lead lotion. It was applied externally to a man, who died some days after. The doctors reported that the death was *not* due to the lotion, but the widow brought an action against the pharmacist, which led to the heavy fine just mentioned.

There has been started a rumour that a long-continued drought has injured the chances of the next opium crop. Another suggestion of the enemy, and perhaps a more probable one, is that the Turkish Government is likely to fix an export duty on the drug.—*Chemist and Druggist.*

ATROPINE AND DATURINE.—The Boston *Journal of Chemistry* for August, 1878, says that in 1850 A. Von Planta asserted that atropine and daturine were identical. This assertion led to mischief, for the manufacture of atropia was soon begun from the leaves and seeds of the stramonium. Hence the uncertainty of certain specimens of atropine, for daturine has been found to be less active than atropine, and more uncertain in its action.

A FATAL "LAPSUS CALAMI."—A physician of Sangerhausen, in Thuringia, having occasion to prescribe for sleeplessness in an hysterical patient, wrote the following prescription:—"Chlorhydr. 15.0, tinct. opii 15, aquæ 60.0; M. A. third part to be administered in the evening as an enema." The patient died, and a prosecution was instituted against the physician and the apothecary who dispensed his prescription. A *lapsus calami* had been committed on the part of the former, who omitted to put "gtt." after the "tinct. opii 15." The prescription was made up by a young unqualified pupil, who read the 15 to signify *grammes*, as the 15 of the chloral and the 60 of the water obviously did. A properly educated apothecary would have taken the prescription to the physician before dispensing it. The Court sentenced the physician to one month's imprisonment, the apothecary to two months', and his pupil to three months'.—(*Chemist and Druggist*.)

IMITATION EBONY.—To turn oak black, so as to cause it to resemble ebony, the wood is immersed for forty-eight hours in a hot saturated solution of alum, and then brushed over several times with a logwood decoction prepared as follows: Boil one part of best logwood with ten parts of water, filter through linen, and evaporate at a gentle heat until the volume is reduced one half. To every quarter of this add from ten to fifteen drops of a saturated solution of indigo, completely neutral. After applying this dye to the wood, rub the latter with a saturated and filtered solution of verdigris in hot concentrated acetic acid, and repeat the operation until a black of the desired intensity is obtained. Oak thus stained is said to be as close as well as handsome imitation of ebony.—*Am. Cabinetmaker*.

SHAMOY LEATHER.—Shamoy skins are, every one knows, largely used for many purposes—for inside linings of gloves, etc., and for cleaning purposes in many departments. It is not derived from the skin of the chamois, but from the flesh side of the sheep-skin which have been spilt. The skins, after having been passed in the ordinary way through the earlier processes of washing, etc., are soaked, first in lime-water, and next in a mixture of bran and water, or in a weak solution of sulphuric acid, after which they are beaten in a mill till no moisture remains in them. Fish oil is then poured over the skins which are again beaten till they are thoroughly impregnated with it. This is done over and over again until the skins can receive no more oil, and then they are hung for a short time in a room heated up to certain temperature. They are then carefully washed in a solution of potash, which removes any oil that may still remain about the leather; and thus we have the shamoy skin in daily use.—*Druggists' Circular*.

GINGER.—The cultivation of ginger has been commenced in California with good prospects of success.

A LEECH BAROMETER.—The following is a simple way of making a "leech barometer." Take an

eighth ounce phial, and put in it three gills of water and a healthy leech, changing the water in summer once a week, and in winter once a fortnight. If the weather is to be fine the leech lies motionless at the bottom of the glass, and coiled together in a spiral form; if rain may be expected, it will creep up to the top of its lodgings, and remain there until the weather is settled; if we are to have wind it will move through its habitation with amazing swiftness, and seldom goes to rest until a high wind begins; if a remarkable storm of thunder and rain is to succeed, the leech will remain for some days before almost continually out of water, and show great uneasiness in violent throes and convulsive-like movements. In frost, as in clear summer-like weather, the leech lies constantly at the bottom; and in snow, as in rainy weather, it moves to the very mouth of the phial. The top should be covered with a piece of muslin.—EDWIN S. CLOUTMAN in *Scientific American*.

"The last dose from a bottle containing a mixture of strychnia and bromide of potassium," says the *Detroit Medical Journal*, "poisoned the patient. The bromide had precipitated the strychnia."—*Boston Med. and Surg. Jour.*

EUCALYPTUS OIL.—Mr. M. H. Llewellyn, writing to the *Melburn Medical Record*, says that he has found eucalyptus oil very useful in repelling the attacks of flies. It may be partially saponified by heating on the water-bath an ounce of oil with two or three drachms of carbonate of soda. This quantity will then dissolve in a quart of water. It may also be dissolved in rectified spirits, and used as a face lotion or as spray in the sick room. As long as the scent remains no Australian fly will approach. *London Medical Record*.

THE ALBO-CARBON LIGHT.—Is a new candidate for public favor, and lays claim to superiority over any light of modern introduction. The material used is carboline, a very inexpensive solid substance produced from gas residuals, which gives off a vapor of almost pure carbon, and this being combined with the light of ordinary gas, increases the illuminating power of the gas some 200 per cent. The new light is very brilliant, and has no influence on colors. For the interior illumination of large public buildings, warehouses, &c., and for shop windows the Albo-Carbon Light is especially suitable. Where sun or ceiling lights are already in use this process may be applied to them at a comparatively small outlay, by a very slight alteration of existing arrangements, dispensing at once with half the burners. For factories, foundries, warehouses, printing offices, workshops, &c., special fixtures have been designed of a less expensive character. The amount required for each thousand cubic feet consumed is 5 lbs., costing 1s.; or $\frac{1}{2}$ lb., costing 1 $\frac{1}{4}$ d., is sufficient for one burner for 40 hours (practically a week's supply). The offices and works of the company are at 132 Horseferry Road, Westminster, S. W.—(*Chemist and Druggist*).

The Canada Medical Record.

MONTREAL, MARCH, 1879.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

Two successful cases of Tracheotomy in Laryngeal Diphtheria. By THOS. JOHNSON ALLOWAY, M.D., L.R.C.S., L.R.C.P., Edin., 141—
Report of a Case of Puerperal Convulsions. By A. Ansell, C.M., M.D., 142—Antiseptic Surgery. By Mr. Geo. W. Nelson..... 144

PROGRESS OF MEDICAL SCIENCE.

Persistent Tinnitus Aurium, 146—
Differential Diagnosis between some Cases of Eczema and Cases of Psoriasis and Scabies. By F.

G. Van Vliet, M.D., 147—Naso-Pharyngeal Catarrh—Varieties, Treatment. By Wm. F. Duncan, M.D., 149—Treatment of Heat-Apoplexy with Ergot. By Robt. F. Dedrickson, L.R.C.P., Edin., 152—On the Employment of Oxalate of Cerium in Pregnant Sickness. By Dr. Frs. Ed. Image, M.A., 153—Chrysophanic Acid in Psoriasis: Notes of six cases in which it was employed. By Dr. J. C. Ogilvie Will, 153—
Treatment of Acute Rheumatism by Salicylate of Soda. By Dr. S. J. Sharkey, 156—Lotion for Sore Nipples, 158—Ergotine in Hem-optysis, 159—Opening the Abdo-

men to Relieve Intestinal Obstruction, 158—Cerebral Apoplexy—Hypodermic of Ergotine, 158—Purulent Ophthalmia of Infants, 159—Stammering, 159—Constipation, 159—Ergotine in Acute Ophthalmia, 159—Therapeutical Notes..... 160

EDITORIAL.

PAGE

Inquests, 160—Extract of Malt in Britain, 161—The Belmont Retreat, Quebec, 162—Personal, 162—Appointments, 162—Current Literature, 162—Medico-Chirurgical Society, 162—Births.....164

PHARMACEUTICAL DEPARTMENT.

Original Communications.

Two Successful Cases of Tracheotomy in Laryngeal Diphtheria. By THOS. JOHNSON ALLOWAY, M.D., L.R.C.S., and L.R.C.P., Edin.

Read before the Medico-Chirurgical Society of Montreal, 7th March, 1879.

G. C., aged three years, strong, well nourished male child, was attacked with croupous diphtheria on morning of March 1st, 1878. Notwithstanding every effort the disease continued to spread. On the evening of third (3rd) laryngeal symptoms set in, which continued to increase in severity until the morning of the 4th, when, with the kind assistance of Dr. Roddick, I operated. There was only a very slight quantity of blood lost; urine highly albuminous. I used Trousseau's large size silver tube. The wound was well brushed over with a mixture of equal parts of carbolic acid and glycerine, and dressed in the ordinary way. I filled the air with moisture by means of large flat baths, having the hot water continually renewed. Carbolized steam was also constantly being generated. No medicines whatever were given once the surgical treatment was commenced.

From the date of the operation until the tube was removed on the *tenth day*, there was not a single interruption in the progress towards recovery. The wound closed well by placing an ordinary piece of strapping across it.

S. F., a little girl aged about 2 years 9 months. This was a patient of Dr. Rodger who asked me to see the case for him, he being himself confined to his house at the time. I saw the patient on the 1st October. I found well-defined patches upon both tonsils about size of split-pea, these were said to

have been much larger, but were now disappearing. Child was then, and had been, suffering from laryngeal symptoms for ten days previous, such as loss of voice and dyspœa. This condition increased in severity until the 6th, when lividity and retraction of chest walls set in and urgent necessity for operation became apparent.

Having obtained consent of parents, I operated that afternoon with the assistance of Dr. Roddick. We had some difficulty in reaching the trachea, as it seemed to occupy a position considerably to the right of middle line of neck. Very little bleeding occurred. Same tube as used in first case.—Temp. 102°, pulse 160.

7th. Temp. 99½, pulse 134, resp. 43. Sleeping quietly and taking food well.

8th. All well.

9th. Temp. normal. All well.

27th. Not so well.

28th. Wound has taken on a diphtheritic action. Surrounding parts are œdematous. Removed tube and applied thermo-cautere, to wound as far down as tracheal rings. I now inserted a hard rubber tube with moveable shoulder instead of silver one, which we thought had been pressing rather hard upon the edges of wound.

29th. Pulse high, temp. normal, some vomiting.

30th. All well.

Nov. 7th. Found that there was a small growth growing through fenestra of tube which prevented the inner tube being inserted after it had been out about ten hours. This growth was no doubt formed of granulations from the wound; the fenestra being situated a little too high up on the tube. Put patient under chloroform and removed the outer

tube by force, cutting off the growth with sharp edge of part surrounding fenestra. The granulation, growth size of pea, fortunately fell out into my hand instead of going inward, which would have been more serious.

The tube was re-inserted and all went well from this date, but we were careful in not allowing the inner tube to remain out longer than was necessary for cleaning. The tube was removed finally on December 5th, just two months but one day from date of operation. Both of these patients were kept on large quantities of stimulants, especially champagne, during treatment. No medicine whatever given in either case after operation. During the time the tube was *in situ* in each case, the wound was carefully cleansed twice or thrice daily with a warm weak solution of carbolic acid and sponge, then brushed over once a day with a strong solution of carbolic acid in glycerine. The tube was disturbed as little as possible; a small piece of rubber tissue protecting the edges of wound. Dr. Parker's method of swabbing out the trachea before inserting tubes was not resorted to, notwithstanding the remarkable fact of his having had nine recoveries in seventeen cases in connection with this mode of treatment, and his annunciation of the dictum, "That the presence, in the post mortem room, of a false membrane in the trachea of a child upon whom tracheotomy had been performed is evidence of want of care on the part of the surgeon."

Report of a Case of Puerperal Convulsions. By A. ANSELL, C.M., M.D., FALMOUTH, Jamaica.

E. R., age 34, married, of small stature, but tolerably well developed, of a highly wrought nervous temperament, became pregnant, for the sixth time, in the early part of August of last year (1878).

Previous History.—From childhood she has been sickly, and never robust; was always "regular" at the catamenial periods. Her 1st, 2nd and 3rd children were born without untoward circumstances; the 4th she aborted at the fourth month, and suffered severely from the maltreatment of an ignorant midwife; on that occasion there was retained placenta and serious post partum hæmorrhage. She made a slow recovery; becoming pregnant again, and for the fifth time she progressed favorably until the completion of the seventh month, when, from causes unknown, she was seized with "Puer-

peral Convulsions," which ended with the premature birth of a dead fœtus. I must dwell on this first attack to show a novel mode of treatment, and though opposed to all rules laid down for the guidance of such cases, the case progressed favorably.

The medical attendant on this occasion, I am informed, did no more than use hot mustard baths; brandy, ammonia and assafoetida internally, and compel the nurses to arouse the patient each time she felt inclined to sleep, saying, "otherwise she will die in a fit of coma." On this occasion there had been twenty convulsions, the patient making a slow recovery, and fifteen days after the attack giving birth to a dead fœtus, very much disfigured. On the present occasion she became pregnant as before stated, in August, 1878, and completing the seventh month of pregnancy she became agitated and alarmed, dreading that "something was going to happen." I was called on the 20th February last and found her in this condition, and administered a nervous sedative. I auscultated the abdomen, and found the fœtus alive. On the 21st, nausea and constipation were complained of; this removed by a mild aperient and the following every third hour:

Oxalate of cereum grs. v.
Tinct. valerian..... .M xv.
Tinct. hyoscyam.....M xx. Mix-
With water..... 3 ss.

At 8.30 p.m. she complained that her head was becoming larger, and frequently said "she felt that she would go mad." This last expression can be accounted for from the fact that she had some few days previously, received a letter from her sister relating a case of puerperal convulsions followed by puerperal mania. I repeated the sedative, she went to sleep and slept soundly from 9.30 that night until 5.30 next morning, when she was seized with convulsions; the first lasted nearly half hour. I was by her side at 6 a.m.; half hour after my arrival she was seized with a second fit, the which I cut short with chloroform inhalations; it lasted about 20 seconds. I then unloaded the rectum and began the administration of the following by enemas:

R. Chloral hydrat..... grs. xxx.
Potassii Bromidii..... grs. xx.
Aquæ..... 3 iss. M.

Every hour.

The patient rested quietly from 7 a.m. until

11 a.m., when, on awaking, the indiscretion of the by-standers, in conversing with her during my absence, brought on a third convulsion; chloroform was again employed and anæsthesia produced, followed persistently by the chloral and bromide. Thus was the patient controlled from noon of the 22nd until evening of the 23rd. Alimentation was conducted per anum, and auscultation frequently had recourse to. A digital examination of the uterus early in the treatment revealed the external os dilated and flaccid, and the internal os rigid; but as the convulsions did not recur, and the fœtus being alive, I did not interfere with this organ. About evening of the 23rd the rectum would retain nothing, and each enema excited the bowel, which discharged large alvine dejections; this I promoted by a continuance of the enemata: she now awakened lucid and calm, therefore discontinued the chloral, etc.

24th.—The tongue was heavily coated with a thick whitish-brown fur, I therefore gave her a mild mercurial purge, resulting in a copious discharge of biliary secretions. 25th. Patient gave signs of discomfort and pain, and there was in the forenoon of this day a decided "show." I auscultated and no longer heard the fœtal heart or placental bruit, the child was dead, but I determined to leave matters entirely to nature, preferring to watch the case than to aid in delivery. It was not until 3 o'clock a.m. of the 26th that the child was delivered, the presentation being the knees. The labor left no symptoms of a grave nature, and convalescence was fully established in two or three days after.

This case on the whole affords us much for reflection, and the first question that arises is, what part did the abortion of the fourth child play as a factor, if at all, in the production of the first attack of puerperal convulsions? It is well accepted that the uterus, when in a gravid state, is subject to lasting impressions. Can it be that the abortion laid the train for what occurred a year later?

2ndly. The repeated attack at the same period of gestation is remarkable, and what had the reading of the letter relating to the case which occurred among the sister's acquaintances to do, as an exciting cause, in the production of the second attack? Or did the condition of the system, being surcharged with bile, have aught to do as the exciting cause, producing a higher

state of congestion of the already highly congested organ, and thus, by reflex action through the uterine nerves, producing that condition of the brain so well known to exist in eclampsia? In other words, the nutritive functions being thus disturbed, was that a cause of the affection? Or was it entirely mental? I have good reason to believe that the first attack was occasioned by the death of the fœtus. In the second attack, the child did not die until over 70 hours after the last convulsion.

In the treatment of the present attack, I think the bromide of potassium deserves all that has been said of it by the many writers on the subject of eclampsia, and no doubt remains on my mind that it was the agent which prevented a return of the "fits," while the chloral hydrate, acting as a hypnotic, produced repose and enabled the uterus to prepare itself for the tax for which it was to be called upon. These agents were kept up, first four three hours consecutively; then every third hour for over 24 hours; during all this time the rectum alone was employed as the receptacle for food and medicine.

Falmouth, Jamaica, March 10th, 1879.

Antiseptic Surgery. By MR. GEORGE W. NELSON.
Read before the Medical Alumni Association of Bishop's College.

Antiseptic Surgery will form the subject of my paper for this evening. As you are all aware, this most valuable aid to surgery was discovered by Professor Lister, formerly of Edinburgh, but now of London. He found that the air was impregnated with organic germs, or putrefactive elements, these having the power, on coming in contact with an open wound, of setting up a sort of fermentation, called putrefaction (not suppuration), that gives a fœtid odor to the pus secreted. He conceived the idea that, if he could prevent these organic germs, or bacteria, from coming in contact with a wound, a great boon would be conferred on Surgeons. In many experiments performed by him, he found that carbolic acid completely destroys these organic floating germs. He filters the air before it reaches the wounds with a fine cloud of carbolic spray, and all the dressings are thoroughly impregnated with this agent.

His views may be briefly summarized thus:—

When blood is effused in healthy tissues, it is generally absorbed, exciting no inflammation, suppuration, or fever. If, however, the skin is broken, so that the wound communicates with the air, the effused blood quickly decomposes, exciting both inflammation and suppuration. These phenomena are not excited by the air itself, but by the organic germs floating in it, so that if the air coming in contact with the wound can be freed from them, neither putrefaction of the blood, nor consequent inflammation and suppuration, can take place. Moreover, experiments show that, if these germs can be kept away from wounds or abscesses, their granulations and walls will not form pus, but only a little serum. It is to prevent this that carbolic acid was introduced by him. Lister also says, concerning contused wounds: "All the local inflammatory mischief and general febrile disturbances which follow severe injuries are due to the irritating and poisoning influence of decomposing blood and sloughs. By the antiseptic treatment these evils are all avoided, so that limbs, which would otherwise unhesitatingly be condemned to amputation, may be retained with confidence of the best results."

This system of Professor Lister is coming more and more into use in North America. In this city we are indebted to Dr. Roddick for its permanent introduction, he being an enthusiastic supporter of Antiseptic Surgery. I have, during a summer's dressing in his wards at the Montreal General Hospital, had the pleasure of seeing his extraordinary success, all with the happiest results. Let us hope that the time is not distant when all the Hospitals in Canada will follow in the footsteps of that noble institution, the Montreal General Hospital, and adopt the antiseptic treatment. I will now describe to you the things that are used in the antiseptic treatment of wounds, and show their application. I require first a spray-producer, which, as you see, consists of a small boiler, heated by a spirit-lamp. The boiler is partly filled with pure water; the tube leading from the boiler meets with the nozzle of the tube leading from the bottle attached to the side of the boiler. The bottle contains a solution of carbolic acid (pure) 1 to 20 of water; the escaping steam from the boiler rushes over the orifice of the tube coming from the bottle, and draws up an equal part of the 1 to 20 solution,

so that a fine cloud of carbolic spray is got of 1 to 40. This plays freely over the wound or surface being dressed. The assistant who has charge of the spray should follow every movement of the operator, and not allow the wound to be exposed to the air for a second. All the blood vessels are ligated with carbolized catgut. They are prepared in a mixture of olive oil and carbolic acid. The ligatures are cut off short, and left in the wound. The sutures used are of the same material. Catgut has the advantage of being absorbed after the wound is closed. In operations of sufficient magnitude two drainage tubes are introduced, and hang from the angles of the wound, to allow of free drainage. You next use the gauze, antiseptic gauze. It is prepared as follows:—rosin, five parts; paraffine, seven parts; carbolic acid, one part. The gauze is placed in a waterbath, and, when the mixture has boiled, a syringe with perforations in the end is filled, and sprinkled over the gauze. A heavy lead cover is placed over it, all being placed in a water bath; heat is applied until the mixture is equally diffused through the gauze, when it is taken out and sealed up in tins. The material placed between the wound and the carbolized gauze Professor Lister terms "the protective," which is ordinary oil silk, varnished over with a coat of copal varnish, and then with a coat of paraffine. This prepared oil silk will hold some of the carbolic lotion on its surface, while on the ordinary kind it would run off. This oil silk is dipped in salicylic acid cream, made of salicylic acid and carbolic acid lotion, a saturated solution 1 to 40, which acts as a soothing application to the wound, preventing the irritating action of the carbolic acid. The protective is applied over the wound. The deep dressings are next applied, they are made with the gauze. Two pieces of gauze, that will cover the wound, are soaked in a solution of 1 to 40 to rid them of any bacteria; over this are applied two or three dry pieces of the gauze, well fitted to the part. The spray can now be discontinued, as no bacteria can reach the wound. Over these the eight layers of dressing are added. It is formed of eight layers of gauze with a layer of macintosh between the seventh and eighth. This dressing covers the wound all over, seven layers next to the wound, then the smooth side of the macintosh, and is cut an inch

smaller than the gauze dressings, and lastly the eighth layer of gauze. Professor Lister's reasons for using the eight layers of dressing are these: The discharge would have to pass through the dressings, and then the seven layers of gauze before it came in contact with the macintosh, which directs the discharge towards the edge of the dressings. If the discharge should get outside the dressings bacteriæ would float up, and set up trouble. The eighth layer is used so that the safety pins can be held by it. Over all these dressings bandages of gauze are carefully applied.

The following solutions are used:—

I. Carbolic acid lotion, 1 to 20, used to cleanse the parts around the seat of the wound, so that no bacteriæ will remain near it.

II. To soak the instruments to be used during the operation.

III. To cleanse all sponges before the operation.

IV. To soak the drainage tube in.

Carbolic acid lotion, 1 to 40, is used to

I. To wash the surgeon's hands, as well as those of assistants.

II. To soak the deep dressings in.

III. To wash the sponges in during the operation.

IV. To inject wounds with.

Next chloride of zinc lotions, grains ten to one ounce of water, and grains forty to one ounce of water, used for washing out cavities when they have become septic. These solutions destroy the putrefactive elements.

The salicylic cream is used to put on the protective when the wound is irritated by the carbolic acid.

Boracic lint is prepared by soaking common lint in a boiling solution of boracic acid. It is used on the wound when the dressings have been removed for good. Professor Lister's experience leads him to believe that if, when the dressings are removed, a single drop of serum were to be pressed out by the movements of a limb, say after operation, and then regurgitate into the interior, after being exposed, even for a second, to the influence of septic air, putrefaction would be pretty certain to occur. A case occurred last summer in Dr. Roddick's wards which will, I think, coincide with the views laid down by Professor Lister. A patient whom I dressed daily for an iliac abscess was

doing nicely, the wound being healthy and sweet. He had had no motion for four days, and was ordered to take Pil. Cath. Co. ij. During the night he had six or seven motions. Owing to his straining at stool some of the discharge found its way from beneath the dressings. In the morning, on removing the dressings, the wound was found discharging fœtid pus, streaked with blood. His temperature went up 3° , to 102° ; in three days the wound was sweet and healthy again after free use of a solution of chloride of zinc, forty grains to the ounce.

The following summary of the antiseptic treatment will show why it is so much more successful than the ordinary treatment of wounds:—

I. "The changing of the dressings is regulated by certain conditions: temperature, pain and discharge, the existence of any of these calling for a change.

II. "The antiseptic treatment is serviceable, and will repay its use in cases which from their very nature must suppurate. By it the amount of suppuration seems to be reduced to a minimum.

III. "Great care must be taken to stop all hæmorrhage before closing the wound, and in every wound of any magnitude one or more drainage tubes should be inserted, not covered by the protective but by the wet deep dressings.

IV. "Only carbolized catgut sutures and ligatures are to be used. The ligatures are to be cut off short.

V. "Whatever atomizer is used in an operation of any length, it is well to have several pieces of gauze, soaked in a solution of 1 to 40, ready, in case the atomizer should fail. If the spray should fail and the wound was exposed to the influences of organic germs, it does not follow that the case is hopelessly lost, as the spray can again be turned on it with good hopes of success.

VI. "All the instruments used in the operation should be soaked in 1 to 20. The operator and his assistants' hands should be cleansed in 1 to 40, and nothing should be brought in actual contact with the wound until it is cleansed in carbolic lotion.

VII. "With regard to the things required, and the time used in antiseptic dressing. The

"articles when once obtained are very easily used, and the longer time spent in applying a single antiseptic dressing, in comparison with an ordinary one, is more than compensated for by the smaller number of times the dressings have to be applied.

VIII. "The Lister dressing is especially adapted to hospital use. It is a cleanly and pleasant dressing, destructive to pus cells, and hence sanitary in hospital wards. That it is not indispensable to prevent suppuration in favorable cases in private practice is proved by the healing of large wounds by first intention.

IX. "The discharge from an antiseptic wound is purely serous, scanty, and sweet."

Temperature charts from hospital cases were here exhibited. Case I. A. L. Excision of elbow joint. Temperature day of operation 99°, at ninth day it fell to 97½°, and gradually declined to 97°, dressings removed at eighth day, &c., &c. A hand was dressed and the whole method practically illustrated.

1 St. James Place,
199 Canning Street West.

Progress of Medical Science.

PERSISTENT TINNITUS AURIUM.

Followed by Symptoms of Cerebral Embolism. Successfully Treated by Ligation of Postr. Occip. Artery. Read before Medical Society, D. C., November 13th, 1878. By ROBERT REYBURN, M.D., Late Professor Anatomy, Med. Dept. Georgetown University, D. C.

I was called on October 3, 1876, to see Mr. T. G., aged 64 years, and of full plethoric habit, weighing about 175 pounds. He complained of acute inflammation of the internal ear of the left side, which was attended with intense pain, and excessive inflammation also pervaded the adjoining parts of the face and neck. This was treated by hot applications containing soporifics, and the administrations of anodynes internally. After two weeks of treatment an abscess finally pointed in the *meatus auditorius externus*, which was opened, followed by great relief to the patient.

Under the subsequent local use of a solution of nitrate silver, 10 grs. to the ounce of water, and of astringents, this abscess, after a few more weeks, completely healed, without any apparent injury to, or impairment of, the hearing.

Unfortunately, however, while the hearing remained unaffected, a sense of drumming or *tinnitus aurium* succeeded, which in time became so agonizing as to nearly drive the patient frantic. This condition of things continued for

several months, and so distressing was the tinnitus that it entirely incapacitated the patient from attending to any business; in fact, he became so affected that he threatened several times to commit suicide, for, as he expressed it, "life was a burden" to him.

The drumming was always confined to the left ear, was synchronous with the pulse, and was increased by anything which accelerated the action of the heart; also by stooping forwards, or lying down in bed, so that it greatly interfered with sleeping. For about fifteen months the patient remained in this condition, during which time the usual treatment was pursued to the extent of a thorough trial of the whole list of arterial sedatives, and especially were the changes wrung upon digitalis, aconite and veratrum viride. These remedies would relieve for a time, but failed to do more than palliate the symptoms.

Among the sedatives used was hydrobromic acid, which, in doses of (20) twenty minims every (3) three hours, relieved the tinnitus more than any other medicine used.

The patient himself discovered that by applying pressure, by means of a pad placed over the posterior occipital artery of the left side, he could control the pulsation of the artery, and thereby stop the distressing tinnitus aurium. Accordingly, Mr. Fischer, surgical instrument maker, was directed to manufacture a pad with a spring, somewhat upon the plan of Signorini's Tourniquet, which was quite successful, though somewhat troublesome to apply.

I examined a number of times the superficial arteries of the head and neck, and found the posterior occipital artery of the left side to be in the condition called by some medical authors cirroid aneurism, or arterial varix. The artery was much enlarged, tortuous in its course, and very prominent to the touch and sight. Firm pressure upon the artery against the occipital bone would empty it, and it would refill on the pressure being removed with a distinct aneurismal thrill and bruit.

On January 12, 1878, fifteen months after the beginning of my attendance, I was summoned in great haste to see him, and found him lying in an apparent state of collapse. He was vomiting violently; skin cool and moist, and pulse very weak. I was informed that, for a few moments during the onset of the shock, he was unconscious, but he very speedily recovered from this condition and was apparently perfectly rational when I first saw him, which was probably an hour from the time he was first attacked. I found him to be perfectly conscious of all that was passing around him, but unable to communicate with us intelligibly, in consequence of an attack of what is called by Dr. Hammond amnesic aphasia. He protruded his tongue perfectly well when asked to do so, and

there was no paralysis of the face or of upper or lower extremities.

It was somewhat affecting to witness his efforts, repeatedly made, to communicate with those around him. He wished, for instance, to give me the residence of his adopted daughter, whom he desired to be sent for, and tried for many minutes to tell me the address, but failed, and finally arose from the bed and gave me a letter containing the desired information. When he attempted to speak he would sometimes give some words correctly, but more often would misplace them, or would still more frequently utter a sound like the syllables "ter," "ter," and which, of course, was quite unintelligible.

The sight of the left eye was also very much impaired by this attack, and he was unable, for the first few days after the beginning of it, either to read or to write the shortest words correctly. The treatment adopted was perfect rest, low diet and arterial sedatives, together with bromide of potassium and chloral at bedtime to induce sleep. Under this treatment his power of articulate speech improved very rapidly, and he began in two or three days to be able to speak quite intelligibly, though occasionally, and indeed frequently, missing and misplacing words. His powers of reading and writing were much longer in returning to him than his use of speech, and he had, really, though a gentleman of unusual scientific attainments, to learn to read and write like a little child.

Finding that he had forgotten a number of the letters of the alphabet he purchased a large alphabet card, such as is used by little children, and laboriously acquired the missing letters. After a time, however, his progress became rapid, and in six months from the beginning of this attack he was able to resume his literary employment and read and write nearly as well as ever.

In regard to the *diagnosis* of the case my belief was that his was a case of Embolism, probably including the distribution of the anterior cerebral artery.

My reasons for so thinking were, first, that the sudden onset of the attack and rapid recovery of speech were unlikely to take place if there was hemorrhage into the substance of the brain; second, the condition of the arterial varix of the posterior occipital artery would, *prima facie*, indicate a like condition of some of the cerebral blood-vessels within the cranium, and would render such an occurrence as embolism not unlikely; and, third, the extremely limited and local character of the brain lesion, which would be unlikely to occur in cerebral hemorrhage. In the course of a month from beginning treatment, the sedatives were discontinued, or rather only prescribed occasionally, and he was placed upon small doses of bichloride of mercury and iodide of potassium with tonics.

His mental condition continued, as above mentioned, steadily to improve, but the *tinnitus aurium* still remained, and the patient was extremely anxious that some relief could be afforded him. As pressure upon the occipital artery arrested the *tinnitus aurium* and relieved the patient from this distressing sensation, the idea suggested itself, why not ligate the artery and permanently prevent its return?

Prof. Johnson Eliot was called in consultation, and he coinciding with me regarding the propriety of the operation, I proceeded, with his assistance, to ligate the vessel. This was done just over the groove in the mastoid process of the temporal bone. The operation was performed March 12, 1878, and the ligature separated without any trouble on the tenth day afterwards.

It is unnecessary to dwell in detail upon the case further than to say that the operation was entirely successful in relieving the *tinnitus* and restored the patient to a condition of perfect comfort.

In cases, therefore, in which *tinnitus aurium* is intractable to medical treatment, I would respectfully suggest the propriety of ligation, as above, premising, of course, that pressure applied to the vessel shows that the *tinnitus* can be thus controlled. As for the operation itself, it is hardly necessary to state that it is simple, easily done, and unattended with any special danger.—*National Med. Review*, Washington.

DIFFERENTIAL DIAGNOSIS BETWEEN SOME CASES OF ECZEMA AND CASES OF PSORIASIS AND SCABIES.

By F. C. VAN VLIET, M.D.

I have been led to offer a few brief observations upon the best means of making a clear diagnosis between eczema and some cases of psoriasis and scabies, from the fact that while it is no easy matter to make a correct diagnosis in such cases, yet it is absolutely necessary that such a diagnosis be made, inasmuch as treatment beneficial to the one disease would prove more or less injurious to the others.

Let us first note the points of difference between a case of psoriasis and one of eczema squamosum.

Upon superficial inspection a case of psoriasis usually presents the following appearances: One or more dry inflammatory patches are observed; they are more or less infiltrated, and are elevated to a greater or less degree above the level of the epidermis. These patches are covered with a great number of shining, adherent scales, of a mother-of-pearl color, and which are noticed, under a magnifying glass of low power, to be more or less imbricated. There is considerable desquamation, but the loss is scarcely perceptible, being counterbalanced by

the new formation in the deeper layers of the epidermis.

Such are the general appearances of psoriatic patches as presented to the eye at first sight.

Let us now examine a case of eczema squamosum. Here we have a late stage of one of the four varieties of eczema; it has been noticed to frequently follow eczema erythematosum. In eczema squamosum we also find one or more dry, more or less scaly infiltrated patches occupying various parts of the body; all the superficial, objective phenomena appear almost identical with those of the psoriatic patches; in fact the two diseased surfaces resemble each other so greatly that some continental writers were led to apply the term psoriasis to these cases of eczema squamosum.

Having now endeavored to show how easily a mistake in diagnosis can occur during an ordinary superficial examination of the objective lesions, I will briefly state the points which appear to be most important in distinguishing the two diseases:

One of the most conclusive means of diagnosis of psoriasis, in my opinion, is the discovery of a thin, delicate, almost transparent membrane, which is found beneath the scales in the psoriatic patches, between them and the surface of the integument, which latter is described as "red and studded with minute blood-points." The discovery of this membrane was first made known to the profession by Dr. L. D. Bulkley, of New York, and an interesting description of it can be found in the "Archives of Dermatology," vol. IV., No. 11, April 1878.

In my experience this membrane is always present in the disease now under consideration. In the removal of scales from eczematous patches I have failed to notice any appearance that could be mistaken for this "pellicular membrane" of psoriasis. Among other points of diagnosis may be mentioned the following: The patches of eczema fade imperceptibly into the healthy skin, whereas in psoriasis the termination is abrupt, the line of demarcation being sharply defined. The scales on eczematous patches are thin and occasionally silvery-white; those of psoriasis are thicker and silvery, and, under a hand-glass, present a more or less imbricated appearance which is wanting in the scales of eczema. Again the color in eczema is of a brighter tint than in psoriasis, and the itching is more constant and severe.

Another important aid to the diagnosis is the decided preference which eczema shows for the flexor surfaces of the elbow and kneejoints, while psoriasis exhibits a strong tendency to develop upon the extensor surfaces of the same joints. Combined with the above points the previous history of the case will contribute greatly towards a correct diagnosis. In the majority of cases of eczema there is usually a history of moisture

at some stage, "the exudation," which with the older writers was considered a *sine qua non* of all cases of this disease; in psoriasis the disease is always dry from the first; further, eczema squamosum, as the later stage of an acute attack, has been preceded by papules, pustules or vesicles; in psoriasis we have accumulation of scales alone as the primary eruption; finally the average health of psoriatic patients is good, while eczematous subjects are more or less debilitated.

Let us now devote a few moments to the diagnosis between cases of eczema pusculosum et vesiculosum and scabies. This I consider a highly important subject, from the fact that those two diseases now possess more features in common than any other two, and because they are, with the exception of acne, more frequently encountered than any other cutaneous diseases.

We are all aware that the origin of scabies is due to the *acarus scabiei*, and therefore the discovery of the acarus, its ova or canaliculus would settle the diagnosis at once. But this is by no means easy in all cases. Take, for example, a chronic case of scabies; here, owing to the long continued and severe scratching, all appearances of the cuniculi and ova are obliterated; in place of them we find inflammation, papules, pustules, vesicles and crusts; exactly the condition present in many cases of eczema.

In such cases the following points may be remembered: In scabies, contagion, either direct or indirect, is bound to have taken place, and a clear history of contagion proves very valuable to the physician. The regions attacked offer important diagnostic hints, scabies generally occurring primarily upon the inner surfaces of the wrists, the lateral surfaces of the fingers, and upon the forearms; in children frequently over the gluteal region. From these points it rapidly spreads until more or less of the whole cutaneous surface is involved.

On scraping the garments the patient wears next the skin, and placing the debris upon a glass slide beneath the microscope, sometimes fragments of the acari can be discovered. A pruriginoid eruption when most abundant over the inner aspect of the thighs, the abdomen and the forearms is suspicious of scabies. Again, the scabies is generally more diffused than eczema, and the itching is marked. Finally, in doubtful cases, resource must be had to treatment to determine the character of the eruption, a parasticide being eminently beneficial in scabies, but being of little, if any, good in cases of eczema. It should be remembered, that severe scratching can develop in patients with scabies a true case of eczema, which has a tendency to become chronic unless subjected to judicious treatment.—*National Medical Review*, Washington, U. S.

NASO-PHARYNGEAL CATARRH—VARIETIES, TREATMENT.*

By WM. F. DUNCAN, M.D., Assistant to the Bellevue Throat Clinic, Member of the N. Y. Laryngological Society, etc., etc.

At this season of the year, catarrh being very prevalent, it has occurred to me that a few words to the profession about its treatment would not be amiss. It has been a matter of regret to all thoughtful medical men that the treatment of this common disease should be left almost entirely to quacks and irregular practitioners. Looking upon it from this stand-point, I desire to give my experience, in treating over a thousand cases of catarrh, to the profession, and to proclaim my conviction that it is in a very large majority of cases a curable disease. This belief arises from a very careful observation of these cases, continued until a cure was established. There is little that is new or mysterious in the treatment, which consists for the most part in the proper and thorough application of old and trusted remedies. The necessity for greater care in the examination and diagnosis is earnestly urged, and a failure to cure the patient may frequently be attributed to improper diagnosis of the form of the disease. The success of the treatment, in my hands, is due to the attention given to cleansing the mucous membrane before making any applications of medicine. It is the essential consideration in treating the mucous membrane of any part of the body, and, in the nasal cavities, which are small and easily blocked up with the excessive secretion of catarrh, its importance cannot be over-estimated. Inasmuch as the different varieties of catarrh require a distinct and separate line of treatment, I have thought it advisable, even at the risk of presenting to my readers a good deal of matter with which they are already familiar, to describe in a brief form the clinical history of the disease and the diagnostic points of each form.

A description of a chronic catarrh of any mucous membrane will answer for that of nasal catarrh, which is a chronic inflammation marked by an afflux of blood to the parts, producing swelling, hypertrophy, or atrophy, and an alteration in the quantity or quality of the secreted mucus. It may follow immediately an acute attack, or, what is seen more frequently, will set in after repeated attacks of acute catarrh, the result of constantly catching cold. Continued exposure to irritating gases, or an atmosphere charged with dust, will produce it. Hence the followers of certain trades are often its victims, as stonecutters, flower-makers, the employees in tobaccco-factories, and so on. The use of tobacco undoubtedly occasionally produces post-nasal catarrh. Measles, scarlet-fever, diphtheria and small-pox, leave the patient with chronic coryza, syphilis, scrofula, tuberculosis, malaria, and, in

fact, any depressing disease places the system in a condition to get up a catarrh. Valvular disease of the heart and emphysema, from their interference with the circulation, may produce it. Also foreign bodies, such as cherry-pits, buttons, and even teeth, which have been introduced into the nostrils of children, unknown to the parents, and left there. Again, there are many persons, outside of any diathesis, who, seeming to enjoy perfect health in all other respects, have catarrh in the worst form. More catarrh probably occurs inland than on the sea-coast. Chronic catarrh may be divided, from location, into nasal and post-nasal. There may be a nasal catarrh limited to the nares proper, stopping at the posterior ends of the turbinate bones and septum; a post-nasal catarrh, confined to the vault of the pharynx; and finally, a catarrh of the whole tract, including the posterior wall of the lower pharynx, called naso-pharyngeal catarrh. Pathologically speaking, there are three varieties, with possibly a fourth: the simple, the hypertrophic, and the atrophic. The fourth division, simple ozæna, will be treated as a complication.

Simple Catarrh.—In a simple catarrh there is an inflammation of the mucous membrane, manifested by an alteration in the quantity of the secretion, which is more or less profuse, according to the severity of the disease. It is changed in quality, becoming thicker and yellow if the grade of inflammation be high. The afflux of blood to the parts deepens the color of the mucous membrane to a fiery red, and increases the nutrition of the glands so that they manufacture and pour out an abundance of mucus. The discharge is filled with mucus, muco-pus, mucus and pus corpuscles, half-formed cells, and broken, detached epithelium. The rhinoscope shows little swelling, but simply an intense redness, and the whole surface covered over with patches of stringy, whitish secretion. There is little or no pain, but an uneasy sensation and a tendency to frequently blow the nose and hawk to get rid of the excessive discharge. The most prominent and annoying symptom is the constant running from the nose. This disease may terminate spontaneously or be cured after the lapse of some weeks. If, however, it be allowed to continue for months it may run into the second or hypertrophic form, which is really another and advanced stage of the disease.

Hypertrophic Catarrh.—In this form the inflammatory action has produced such a hyper-nutrition that the cells form new hypertrophic tissue, which lies in great ridges in the vault, on the posterior ends of the turbinate bones and septum, almost blocking up the nares on the Eustachian tubes, and in the fossæ of Rosenmüller. The pharyngeal tonsil, a collection of follicular glands in the vault, similar in appearance and analogous in function to the tonsils of the fauces, is very much swollen. It is frequently the starting-point of a catarrh from which

* Read before the N. W. Medical and Surgical Society.

the disease works both forwards and backwards. Single enlarged follicles are seen in the vault, and in some cases on the rear of the septum. The whole appearance is that of an hypertrophied, boggy, inflamed mucous membrane. The same polypoid thickening of the anterior ends of the inferior and middle turbinate bones exists, as of the posterior, and upon looking into the anterior nares they appear like fleshy tumors. Strings and rolls of mucus are spread over the surface and bridge, the recesses and fissures. The symptoms are sufficiently aggravating. The secretion is enormously increased, yellowish-green in color and very sticky. Sometimes it is a reddish-brown, like the rust-colored sputa from pneumonia, the result of the coloring matter of the blood transuding through dilated blood-vessels. This is usually seen, when present, in the expectoration in the morning, of the matter collected behind the palate during the night. If the trouble be confined to the vault there is a sensation of a foreign body behind the palate, a stuffy sensation, and an almost uncontrollable desire to draw it down and hawk it up. Even after removing a roll of mucus the swelling of the parts preserves the disagreeable sensation, and the hawking is frequently repeated. This action causes hyperæmia and elongation of the uvula. There is ringing in the ears from invasion of the Eustachian tubes by the catarrh, or temporary deafness from plugs of mucus completely stopping their orifices. In some cases catarrh of the middle ear, with its serious consequences, results. The dropping of mucus into the throat during sleep occasions a coughing spell in the morning to remove it. Again it is swallowed, and impairs the digestion and appetite, and interferes with the general health. When the catarrh extends forward into the nares the swelling of the mucous membrane nearly closes them, interfering with nasal respiration, and causing the patient to breathe through the open mouth. This produces a peculiar expressionless countenance, which, taken with the alteration of the voice due to the absence of nasal sounds, is quite characteristic. It also causes snoring during sleep. The inflammation may extend into the nasal ducts, producing a watery discharge from the eyes into the frontal sinus, making a frontal headache, frequently a great annoyance, and into the antrum, and set up a severe neuralgia. Inspection of the post-pharyngeal wall shows a catarrhal pharyngitis, which has a follower in a hyperæmia of the laryngeal mucous membrane, producing a huskiness, and a desire to scrape the throat. It is quite distressing to public speakers and singers, whose voices improve with the cure of their catarrh. Dyspepsia frequently results from extension of the catarrh down the œsophagus. Also previously existing dyspepsia will aggravate the catarrh. The sense of smell may be greatly impaired, particularly when the catarrh is an

old one, and involves the superior and middle turbinate bones, and the upper part of the septum, in whose mucous membrane reside the terminal olfactory nerves and cells. This form of catarrh may persist for months, and gradually glide into the atrophic or dry variety or stage.

Atrophic Catarrh.—This condition of atrophy may also develop from a simple catarrh. It is very common in people of middle and advanced age, and is rarely seen in young children. Probably the interstitial pressure on the afferent vessels, from the hypertrophic tissue in the sub-epithelial structure, long-continued, robs the parts of their necessary nutrition and atrophy sets in. The glands soon suffer, losing a part of their secreting cells, which results in a diminution of the secretion. The entrances to the glands becoming contracted, some are totally destroyed, while others preserve a few secreting cells, which may be stimulated to activity by restoring their nutriment. The absorption of tissue frequently goes on to such an extent as to cause an actual increase in the size of the cavities.

Examination reveals the mucous membrane stretched tightly and smoothly over the bones and cartilages. It is perfectly dry, glazed, and shining. It is highly colored, owing to being so thin that the blood-vessels show through it very plainly. Sometimes the veins are engorged and varicose, and easily burst, making frequent slight hemorrhages, from which the blood dries in hard black crusts. The septum and turbinate bones may become as thin as the blade of a knife. Slight erosions now and then occur on the septum and anterior end of the inferior turbinate bones, from which the patient will pick hard crusts, which re-form every few days. Crusts and rolls of dried mucus are found in the nares, the result of the secretion of some part high up in the meatuses not yet atrophied. The nares being enlarged, quantities of dust are inhaled and spread out over the surface. Nearly always the posterior pharyngeal wall is in the same condition of atrophy as the parts above. It is called pharyngitis sicca. A combination of atrophy and hypertrophy may exist. There may be atrophy of the nares and hypertrophy of the vault, diminished secretion from one, and increased secretion from the other, or the reverse.

The different conditions require different treatment.

The subjective symptoms of dry catarrh are frontal headache, dryness of the nose and pharynx, decrease of the olfactory sense, absence of secretion, and the formation of hard dry crusts.

Ozæna.—One of the problems heretofore difficult of solution by the profession has been to determine what is ozæna; the popular impression being that it was a catarrh produced by syphilis, and that in some way syphilis was

always answerable for it. With this idea in mind, specific remedies were invariably given, and with very varying results; some cases yielding to mercury and iodine, while others would grow worse under the same treatment. The former were undoubtedly syphilitic, while frequently the latter never had any venereal disease, and in them a great deal of mischief was caused and no relief granted. The matter is somewhat cleared up by dividing ozæna into simple ozæna and syphilitic ozæna, and hunting up the cause for the offensive odor which is characteristic of each. When syphilitic, it is the result of decomposed secretion from ulcerations, caries, and necrosis, either of which is always present. There are crusts and plugs and rolls of dead tissue filling up the nostrils, making a world of stink. The color of this offensive mass is dark gray. There is a vicious, sanious, and very copious discharge. The bones ulcerate, die, and are discharged piecemeal, causing fearful disfigurement, discomfort, and pain. This is the typical *ozæna* of the older writers. Simple ozæna, however, is very different. It occurs in patients who are otherwise perfectly healthy, is unaccompanied by any ulceration, and yet has just as offensive an odor as the syphilitic variety. The cause of this is probably such as was first suggested by my friend Dr. Bosworth. The disease resides in the accessory cavities of the nose—the frontal, sphenoidal, and maxillary sinuses, either of which has a capacity of at least two drachms—and these, opening by small outlets into the nares, retain the secretion poured out by their inflamed mucous membrane until it becomes decomposed, and enough has been produced to cause an overflow and a discharge of their contents. This offensive product oozes out and coats the nares with a thin, close-fitting, shining, yellowish-green pellicle, which can be seen upon examination. Its appearance is quite characteristic, and can scarcely be mistaken. When it is carefully washed away so that none is visible on inspection, the odor disappears for several hours—a day or two—until more is discharged from the sinuses. It is difficult to detach it, as it clings very closely to the surface underneath, which, after its removal, appears very much reddened, but is clean, intact, and free from ulceration. In both varieties the patients are deprived of their sense of smell, and oftentimes, until informed by their friends, are unaware of the disgusting odor they emit.

Owing to lack of space, further reference to the complications of catarrh will be omitted.

Treatment—The successful treatment of catarrh is largely confined to local applications, although the necessity for treating internally every disorder of the system is earnestly urged. Always in treating a diseased surface cleanliness is recognized as the chief requisite. This necessity, I repeat, is especially emphasized in dealing with a diseased mucous membrane, which

must be thoroughly cleansed before the application of medicine is made. The mucus is often very tenacious, and secreted in cavities difficult of access, and yet it is possible to remove most of it by the methods described. The fact that alkaline solutions have a solvent effect on mucus is utilized, and all of the cleansing solutions contain some form of alkali; and, as in many cases there is a decomposition of the retained secretion, an antiseptic or disinfectant is used. Any combination of these two medicines, in weak solution, will answer, but that which seems to be as efficient as any, and in use at the clinic, is Dobell's solution.

R. Acidi carbol:..... 3 iss.
Sodii biboratis,
Sodii bicarb, aa..... 3 ij.
Glycerinæ..... f. ʒ ij.
Aquæ ad..... f. Oij
M.

It is used with the atomizer, the post-pharyngeal syringe, and the nasal douche. The nasal douche of Thudichum has received too much praise and too much condemnation: It has a position in the armamenture worthy of a moment's consideration. When a catarrh is simple there is nothing but an excess of secretion, and it is limited to the anterior nares, the use of the nasal douche is serviceable. It is valueless in any other case, however, because the solution washes only a limited surface. It enters one nostril, and, flowing upward around the rear of the septum, passes out of the other, cleansing only the inferior meatuses, and does not reach the whole of the vault. Again, it does not run with sufficient force to be of much value when there is a copious sticky secretion: There is some danger to be apprehended from the solution entering the Eustachian tubes, beyond the valvular portion, if used carelessly. This liability is reduced to a mere nothing if the patient be directed to hold the nose downwards, and while the current is passing through the nostrils to breathe through the open mouth. Also the vessel or reservoir must not be placed more than two feet above the level of the head. Common salt ʒi.—aq. Oi. may be of service. I have abandoned the douche because of its limited service, except when used with a curved nozzle, like the pipe of the post-pharyngeal syringe, which is passed behind the soft palate, and the solution runs out of both nostrils. I recommend this to be used by the patient at his home. The best method of using the cleansing solution is with the post-pharyngeal syringe, which is both safe and efficient. The solution can be driven with a great deal of force without danger of its entering the middle ear, because the direction of the stream and the Eustachian tubes is the same, downward and forwards. It is to be entered flat on the tongue, which is depressed by its nozzle, its point introduced quickly behind the palate, and the contents suddenly and forc-

bly ejected by driving home the piston, and the syringe withdrawn. When there are crusts and plugs of mucus it may be necessary to repeat its use a dozen or more times at a sitting before they are washed away. Always examine to see that the surface is clean. When skilfully used it gives no pain, and is tolerated by any patient. Sometimes the sticky pellicle in ozæna will be loosened and drawn down from the upper meatuses until it reaches the anterior nares, where it will remain. It can be dislodged by throwing a stream with the same syringe, first into the nares in front, and then from behind the palate. The solution can also be used in spray driven by compressed air, either by a hand-ball atomizer, or a pump and receiver. The last is very efficient when used with about thirty (30) pounds pressure, and will dislodge mucus from the superior meatuses, and even the entrance of the sinuses. It is better for children than the post-pharyngeal syringe. If with all these methods you fail to clear the nostrils, as you may do in syphilis, loosen the crusts with a probe and remove them with long slender forceps.

The next step in the treatment is the application of the medicines adapted to the case, which is made in the form of spray, powder, or solution. The spray spreads out in every direction and reaches cavities otherwise almost inaccessible, and is therefore the choice method. In simple catarrh the object in view is to reduce the amount of inflammation by the use of astringents. Select astringents of different strengths and kinds to suit each case. For a standard astringent, sulphate of zinc, gr. xv.—aq. 3j. is a good one. If the case be a mild one, do not use it stronger than three grains. If the catarrh be of long standing see the patient three times a week, and in the intervals let him use the cleansing solution home, with Delano's atomizer, or the post-pharyngeal douche. Ferric-alum, gr. v.—xx. to aq. 3j. is valuable when there is excess of secretion and little sensibility. Chlorate of potash, nitrate of silver, tannin and chloride of zinc may be used. Ring the changes on the astringents until a good one is found, and stick to it. When pain, lasting longer than half an hour, follows the use of the astringent, use a spray of U. S. solution of morphine. When there is hypertrophy to deal with, stronger applications are needed. Caustics can be applied with a probe, one end of which is tightly wrapped with cotton. With such a probe, one end of which is bent at right angles, the short arm of which is about an inch long, applications can be made behind the palate to the vault. The hypertrophied tissue must be destroyed; crushing it with forceps, cutting it with a knife, and galvanocautery are allowable. The polypoid thickening of the ends of the turbinate bones can be touched with caustics, applied by means of a probe passed through a shield. Curette the vault when there is adenoid degeneration. In

both the above forms of catarrh excess of secretion is the prominent feature requiring treatment.

In the atrophic form the secretion is absent, and the glands need to be stimulated to action, and astringents avoided. A spray from a weak solution of iodine, gr. v.—x. to aq. 3i. or tr. sanguinaria 3i. to aq. 3i., may be used; Sang., myrrh, and lycopodium in powder, blown into the nostrils, are a valuable stimulant. Continued applications to a perfectly dry membrane bring a reward after a time, when the stumps of the glands begin to take on action and pour out the secretion.

The simple ozæna is treated by carefully removing the pellicle every day or two, and then using an astringent spray, after which iodoform, blown into the nostrils in powder, is effective. The nasal passages must constantly be kept open so as to allow all the offensive matter to flow freely out of the accessory cavities. The iodoform is not annoying to the patient, and, if care be taken not to get any of it on the clothing, will not be very disagreeable to others. When syphilitic ozæna exists the local treatment is the same. In addition, the usual internal remedies are employed. If any dead bone can be detached take it away at once. Finally, take up each complication singly and overcome it, remove all foreign bodies and tumors, fight every disease and diathesis with the proper remedies, and the same measure of success will be met with in treating catarrh as is encountered in treating other chronic disorders.

TREATMENT OF HEAT-APOPLEXY WITH ERGOT.

By ROBERT F. DEDRICKSON, Esq., L.R.C.P. Edin.

When in Calcutta in July last, the heat was very intense, being one day 103° in the shade. It fell to my lot to have several cases of sun-stroke under my care; and, being struck with the great mortality arising from the disease, I am induced to lay before the profession the treatment I successfully adopted, believing it to be novel.

The first case I was called on to attend was that of a steward on board one of the Peninsular and Oriental Company's steamers. He was lying in a state bordering on coma, but was capable of being roused, and answered questions in an absent way. I obtained the following history from one of his companions:—Having been sent ashore about noon, he walked for nearly an hour in the heat of the sun, and, "feeling queer," indulged in some brandy and soda-water. On his return to the steamer, he complained of great pain in the head and all down the back. He had to lie down; and then it was that I was sent for, and found him in the following condition:—Pulse very rapid, strong, and bounding—

almost sledge-hammer; action of the heart very strong and slightly irregular, but not intermittent; the pupils widely dilated. The sensation given on placing the hand on any part of the body resembled exactly the feel of a board that had been exposed to the rays of a powerful sun, being burning hot and dry. I ordered him to have ice applied to the nape of the neck and head, and to have fifteen minims of liquid extract of ergot and three minims of tincture of aconite every hour. The bowels were loose, therefore I did not order a purgative. I saw him again the following morning, with Dr. Waller, of Calcutta, whom I had the pleasure of meeting in consultation. He was then greatly improved; pulse quiet, temperature reduced, not quite so drowsy, but still suffering from the pain down the back and in the head. The nurse who sat up with him during the night stated that when she gave him a dose of twenty grains of quinine—ordered him by Dr. Waller in the night—he vomited and appeared so bad that she gave him a dose of the mixture (ergot and aconite). He at once (she said) appeared better, and improved after each succeeding dose. Dr. Waller and myself agreed to continue this treatment, and with the greatest success, as in a few days his recovery was complete.

I may here mention that the twenty grains of quinine given by direction of Dr. Waller is a very usual remedy in the East for sunstroke. The ergot treatment which I adopted was unknown to Dr. Waller, whose experience and practice are very great, but I have pleasure in knowing that he highly approved of it.

Shortly after the above case, I was called to another—that of an English sailor who went ashore, during the heat of the sun, wearing a small black hat, and, on his return to his ship, became quite insensible. When I saw him I had ice placed on the nape of the neck and let dissolve there. In about fifteen minutes, when he was sufficiently conscious to swallow, I gave him ergot—leaving out the aconite, as in his case the action of the heart was very weak. He also made an uninterrupted and good recovery.

I likewise treated several minor cases of heat-apoplexy—in which there was great pain down the back and in the head, with suppression of perspiration—successfully with ergot.

When attending these cases it struck me that, had the state of coma advanced so far that the patient could not swallow the ergot, ergotine might have been usefully administered hypodermically. I offer this now as a suggestion only, as I do not know whether in a case so advanced it would be of any use, yet I think it would be worthy of trial—*Dublin Journal of Medical Science*, Oct., 1878, p. 285.

ON THE EMPLOYMENT OF OXALATE OF CERIUM IN PREGNANT SICKNESS.

By Dr. FRANCIS EDWARD IMAGE, M.A.

Sir James Simpson introduced the oxalate of cerium, and prescribed it in ten-grain doses. The officinal dose is from one to two grains, which is as a rule so useless that the preparation has been stigmatized as the "oxalate of mud." As a general practitioner of seven years standing, very many cases of pregnant-sickness have naturally come under my care, and up to the present time I have not met with a case in which the nausea has not been very considerably relieved, and in most cases completely checked by ten-grain doses of the oxalate of cerium. I have at the time of writing this a lady under my care, who from the fourth week of her pregnancy till now, the eighth month, has suffered at intervals from this distressing symptom, but whose sickness has been invariably checked by from two to three days' administration of the oxalate in the dose I have mentioned. In severe cases I give it every four hours for the first day, beginning the first dose half an hour before the patient rises, and then, as improvement takes place, diminishing it to three times a day, but always giving the first dose of the day before the patient moves from the horizontal position—a point to which I attach much importance. The formula I employ is:

R. Cerii oxalatis, grs. x.; pulv. trag. co., grs. x.; tre. aurantii, 3 ss.; aquam ad. ʒi. M.f.m.

In Dr. Frowert's case, he prescribed 1½ grain doses, which were not followed by the slightest remission of symptoms. I hold that this want of good result was from the insufficiency of the dose.

The oxalate of cerium I have also found most efficacious in restraining the nausea resulting from uterine irritation. I generally combine it with bromide of potash in these cases, but have found it succeed in combination where the previous employment of the latter drug by itself has been without appreciable effect.—*Practitioner*, June, 1878, p. 401.

CHRY SOPH ANIC ACID IN PSORIASIS: NOTES OF SIX CASES IN WHICH IT WAS EMPLOYED.

By Dr. J. C. OGILVIE WILL, Surgeon to, and Lecturer on Clinical Surgery at, the Aberdeen Royal Infirmary.

The results obtained in the following cases of psoriasis from the use of chrysophanic acid ointment have produced so strong an impression upon my mind regarding the efficacy of this mode of treatment, that I gladly comply with a wish expressed to me by Mr. Balmanno Squire that I should lay the particulars of them before the profession. Five of the cases were treated in my wards

in the Aberdeen Royal Infirmary, the sixth was a private one. The effects of the remedy were watched with great interest by a large body of students, and I had also the pleasure of showing some of the patients to several brother practitioners, who all expressed themselves as feeling gratified with, and not a little astonished at, the rapidity of the progress of the cases, and the excellence of the results attained.

Case 1.—J. W., aged fourteen, was admitted on April 25, 1877, suffering from psoriasis. The arms, thighs, and legs were covered with innumerable scaly patches, varying in size from a minute point to that of a shilling, and presenting the characteristic appearance of *P. punctata, guttata, and nummularis*, most marked on the extensor aspects, but also involving a considerable extent of the flexor aspects. His chest, abdomen, and back were very plentifully studded with nummular patches, and his scalp was in a similar condition. He complained of intense itchiness. On April 28, chrysophanic acid ointment—fifteen grains to an ounce of hot lard—was prescribed, directions being given that it should be well rubbed into the affected parts night and morning. Three days afterwards the scales were peeling off freely, and the itching had ceased. On May 3 the scaly patches had completely disappeared from the greater portion of the surfaces involved, and the infiltrated cutis was fast resuming its normal consistence. On May 8 the whole body was perfectly free from scales, and was dyed of a dusky purple colour; while the spots where the disease had existed presented a smooth, white, appearance, forming a marked contrast to the surrounding discoloured skin. The head was shaved on May 3, for the purpose of allowing the application of the ointment to the scalp; but the shaving caused so much irritation that the use of the acid was delayed until May 9, when it was applied, the effects on the eruption being similar to those seen after its application to the body. On May 10 the epidermis covering the unaffected portions of the body was found to be exfoliating, the whole surface being covered by fine furfuraceous scales; but after the use of warm baths, the skin speedily became perfectly normal in appearance, no trace of disease remaining. For the purpose of observation, the patient was kept in hospital for some time longer, and on one occasion it was deemed expedient to reapply the ointment to his back, which presented a somewhat suspicious appearance, but on June 4 he was dismissed with a perfectly healthy skin. As a precautionary measure, he was directed to take small doses of Fowler's solution for a few weeks.

Case 2.—J. B. (male), aged seventeen, became an inmate of the Aberdeen Infirmary in July, 1877. He was the subject of well marked nummular psoriasis of eighteen months duration. The patches were comparatively small in size, the largest being a little larger than a shilling; but they were abundant, the legs, arms, forearms, abdomen and back being freely studded with them. The pearly-white appearance of the heaped-up epidermic scales was

exceedingly well marked, but the thickening of the corium was less than usual. Chrysophanic ointment was prescribed. After the fifth application the scales were found to be much less firmly attached than before, and on the sixth day after treatment was commenced most of the scales had become completely detached, and those that remained were loose, and easily rubbed off by the use of slight friction. Two days afterwards the whole of the scales had disappeared, and the infiltration was much lessened. He was directed to have a warm bath, and to continue the ointment. In less than three weeks after the commencement of treatment, every trace had disappeared, his body presenting the usual appearance observed after the use of this remedy—viz., white circular and oval patches of perfectly supple skin occupying the points previously infiltrated and covered with scales, while the parts uninjured by disease had assumed a prune juice colour from the effects of the acid upon the normal integument.

Case 3.—M. G. (female), aged seventeen, sent to my care by Dr. Brander, admitted on October 26, 1877, suffering from *psoriasis diffusa*. She stated that she first observed the eruption on her knees about six months previously, the disease spread rapidly, chiefly affecting the extremities.

Condition on Admission.—On the left leg the largest patch, situated right over the knee, measures $3\frac{1}{2}$ inches in length by $3\frac{1}{4}$ in breadth; it is plentifully covered with large, thick, pearly-white, firmly adherent scales, and the skin is much reddened and thickened. Immediately above the knee there are three patches about the size of a shilling, and all over the anterior aspects of the leg there are patches varying in size from small spots to that of a half-crown piece. Right leg: a large patch of irregular shape, $3 \times 3\frac{1}{4}$ inches in size, over the knee, and another, $3\frac{1}{4} \times 2\frac{1}{4}$ inches, below the patella; numerous patches of smaller size on front, sides, and calf. Left arm: over elbow long patch measuring $5 \times 1\frac{3}{4}$ inches, and many smaller spots on arm, forearm, and hand. Right arm: on posterior and outer aspect of arm large patch measuring $3\frac{1}{2}$ inches in length, and the same in breadth; another over elbow joint extending down forearm $6 \times 2\frac{1}{2}$ inches in size, and another large one on the back of the hand. Many small patches scattered over the forearm. In all the larger patches redness and thickening of the corium excessive. Treatment was commenced on October 27 with chrysophanic ointment.

Nov. 1. Scales beginning to fall off from larger patches—lesser ones quite free from them. Nov. 3. Infiltration of smaller patches much lessened; still some scales adherent to larger ones. Unaffected skin dyed deep red colour. Nov. 6. All the scales have disappeared; infiltration much diminished. Nov. 10. Smaller patches beginning to assume characteristic white appearance; skin soft and pliable. Infiltration of larger patches disappearing, but still very manifest. Directed to have warm bath; strength of ointment to be increased to

twenty grains to the ounce. Nov. 19. Redness of patches quite dissipated; still some thickening. To have a bath. Dec. 1. No trace of eruption on any part of body. (For the notes of the above case I am indebted to Mr. G. Rae, M.A.)

Case 4.—A girl, aged twelve, who had been admitted suffering from ranula, was found to be affected by psoriasis, her legs, knees, and arms being plentifully covered with small scaly patches. Duration unknown. Chrysophanic ointment was prescribed, and was applied night and morning for ten days, when the disease had completely disappeared, and the patient was dismissed from hospital.

Case 5.—C. D., (female), aged thirteen, recommended by Dr. Brander, suffering from *P. nummularis*, especially affecting the knees and elbows, but also involving, to a considerable extent, the rest of the body. The disease had only been observed for six weeks, but was exceedingly well-marked. The patches varied in size from that of a mere point to that of a five-shilling piece; infiltration considerable, especially in the neighbourhood of the knees. The usual ointment was prescribed. Progress was exceedingly rapid, for at the end of a week all the scales had exfoliated, and the thickening had much abated; and at the end of three weeks she was discharged from hospital quite well, the whole skin being perfectly normal in appearance and consistence.

Case 6.—A. G., grocer's assistant, aged twenty-two, consulted me on November 13, 1877, concerning psoriasis, from which he had suffered for many years. When stripped the parts found to be most affected were the front of the legs, upper part of thorax, and fore-arms, where many patches varying in size and shape, but mostly about the size of a half-crown piece, and circular in outline, were observed. The face and neck and the dorsal aspects of the hands and wrists were studded with smaller spots; and these spots, from the prominent situations they occupied, gave the patient much annoyance. Nummular patches were also found on the abdomen, back and other parts. The scalp was also affected. There was much thickening of the skin, but very little redness.

Chrysophanic ointment—twenty grains to the ounce—was prescribed. This was freely rubbed into the whole body night and morning. The scales speedily became partially detached, and soon commenced to exfoliate; but after the ointment had been used for ten days, considerable inflammatory redness of the skin, accompanied by heat and tingling, set in. These symptoms were specially noticeable in the axillæ and groins, where the skin was very much inflamed, and markedly hotter to feel than normal. The skin covering the front of the chest and abdomen was also hot, red, and tender. The other parts of the body were deeply tinged with the acid—the face being dark brown—but they were not irritated. He was directed to take a warm bath, to discontinue the use of the application to the parts most affected by redness, to apply the ointment carefully to each diseased patch, and

to avoid inunction of the surrounding skin. The heat and tingling were much relieved by the bath, and in the course of a few days the inflammation subsided. This was followed by complete exfoliation of the epidermis covering those parts of the body where the dermatitis had existed, the epidermis peeling off in large thin flakes; and the same process took place on his face, but it was slower, and the exfoliation was furfuraceous in character. At the end of three weeks from the commencement of treatment nearly every trace of disease had disappeared; the small spots on the wrists were the most obstinate, for at this period (Dec. 3), although the infiltration of the larger patches was completely dissipated, a very slight degree of undue thickening was still discernible at the points referred to.

On December 3, when the patient last presented himself, no trace of disease remained on those parts to which the remedy had been applied. He was enjoined to take arsenic as a prophylactic, and for the cure of the patches on his scalp to which the ointment had not been applied, for as he was on the eve of sailing for a foreign country he was unable to carry out the treatment of the *psoriasis capitis*, as I declined to allow him to apply the ointment to his head without the hair being first removed.

It will, I think, be allowed by all that the mode of treatment adopted in the foregoing cases was rapid in its effects, and satisfactory in its results; I therefore consider it unnecessary to occupy space with remarks on the progress of the cases, more especially as I have in the more aggravated ones given the details both as regards the extent of the disease and the effects produced by treatment at considerable length. One point, however, seems to me to be deserving of special notice—viz., the strength of the ointment employed, as it may be observed that instead of thirty grains to the ounce (the most usual strength prescribed), half that quantity of the acid was found sufficient. This is a matter of some moment, as the remedy is a somewhat expensive one, and when used in a concentrated form it is extremely irritating, especially to some skins, as was shown by A. G.'s case, where a somewhat stronger preparation was employed; as the weaker ointment seems to be all-sufficient, it should receive the preference, increasing the proportions of the acid should any case be so aggravated and obstinate as to call for that procedure.

Regarding the lastingness of the cure, I am unable to supply any data, but of its permanence I am somewhat sceptical, for experience has shown that, even in cases treated by internal remedies, such as arsenic, unless the medicine be continued for a long period after every vestige of eruption has disappeared, a relapse is certain. If even only temporary, still the gain is a great one, for we are now in a position to ensure any patient suffering from psoriasis a certain freedom from the eruption in the short space of a few weeks, and that too without the danger of inducing arsenical, phosphoric, or carbolic toxæmia, while the recurrence of the disease may be prevented by the exhibition of small, non-toxic,

but long-continued doses of arsenic.

There are, however, certain disadvantages attending the use of chrysophanic acid (two of which were brought forward as arguments against its employment at a recent meeting of the Clinical Society of London), and which may now be briefly noticed—viz., (1st) its irritant action upon the skin; (2d) the staining of the skin; (3d) the dyeing of the bedclothes.

The first objection has been already mentioned, and I fail to see that it is more tenable in the case of chrysophanic acid than in that of any other medicinal irritant. In only one of the six cases narrated did any inflammatory trouble arise from the effects of the acid, and although I have employed it in a large number of cases of *Tinea circinata*, in no case has the acid occasioned any inflammation of the skin, and I feel satisfied that, unless in very exceptional cases, the occurrence of any undue degree of dermatitis can be readily averted by commencing with a weak ointment as already suggested.

The second drawback—the staining of the skin—is not so easily disposed of, for no method of extracting the dye from the epidermis has yet been devised; but I have not found even in private practice that this was regarded by the patients as a serious objection, for, as the curative effects of the agent were so manifest, the one point more than counterbalanced the other. The shedding of the epidermis, when assisted by warm baths, is not a protracted process, and at its conclusion the skin will be found to be purer in colour than before the commencement of treatment.

The third objection—the discoloration of any article of clothing with which the acid comes in contact—must fall to the ground, now that we know how to remove the stains; but when first employing Goa powder, from which chrysophanic acid is derived, and which is equally powerful as a dye, this objection seemed to me to be a somewhat serious one, for the matron of the infirmary complained to me that not only were the bedclothes belonging to the bed in which the patient slept deeply stained of a purple colour, but that nearly all the bedclothes in the ward were in a similar condition. On enquiry I discovered that this arose from the fact that the patient—a young lad suffering from favus—had a strange proclivity for standing on his head on the beds of the other patients. It is needless to say that his acrobatic performances were very soon put a stop to, and since that time we have always employed the same bedclothing for each fresh case, the articles being rendered practically, though perhaps not esthetically, pure before the reception of the new occupant. The necessity for such conservative measures does not now exist, for Mr. Balmanno Squire has recently informed me that by the careful use of bleaching powder the stains can be readily got rid of, and thus the third objection has been satisfactorily overcome.

In bringing my remarks to a conclusion I would say that, from a not inconsiderable experience of the various modes hitherto employed for the treatment

of psoriasis, I feel justified in asserting that by no other method can such certain and speedy results be attained as by chrysophanic acid; and as I accept without reserve Mr. Balmanno Squire's statement, that "the efficacy of chrysophanic acid in psoriasis is certainly one of the most astonishing facts in modern therapeutics," I cannot but think that this ready method of treating a notoriously intractable disease must ere long receive the approval of all unprejudiced observers.—*Practitioner*, June, 1878, p. 415.

TREATMENT OF ACUTE RHEUMATISM BY SALICYLATE OF SODA.

By Dr. Seymour John Sharkey, Resident Assistant Physician to St. Thomas' Hospital.

Some cases were treated with salicin, some with salicylic acid; but in the great majority salicylate of soda was employed; for the latter not only has the advantage of being readily soluble in water, but it seems also to be more effectual than the other two. At first 30 grains every two or three hours was the quantity prescribed; but latterly 20 grains repeated at the same intervals have been found to answer the purpose equally well, and to be capable of being taken with less chance of unpleasant results. Smaller quantities than these, however, are rarely effectual in the adult.

When the drug is given in these quantities the first result usually is diminution of pain, and so rapid is this that it often follows the first or second dose. With it the temperature also is reduced, and there is profuse perspiration. The patient generally complains too of deafness and noises in the ears. These effects are pretty constant, and may be accompanied by nausea or even vomiting, so that the medicine has to be stopped; the latter, however, is rather an exceptional occurrence. The swelling and redness leave the joints much less rapidly than the pain, and the tongue often remains furred long after the patient feels quite comfortable, and is almost free from fever.

Salicin has the advantage of producing to a far less extent, and often not at all, the unpleasant phenomena which are pretty constant when salicylate of soda is given; but its power of reducing the temperature seems to be much smaller than that of the salicylate, even when given in the same quantities.

A not at all uncommon accompaniment of the internal use of salicylate of soda is a profuse miliary eruption, which very often becomes pustular. Sometimes vesicles of a considerable size, filled with pus, are distributed over the body, and even a succession of very troublesome pustules may result. The greater frequency of the miliary eruption when this treatment is employed, and its greater proneness to suppuration, make it probable that it is in some way due to the salicylate, especially when we remember what profuse diaphoresis is produced by the drug. In one case a general erythema preceded the miliary eruption, and in another urticaria occurred, but I have only seen one case of each.

In some cases the drug seems to affect the nervous system more especially, and delirium may be very rapidly produced. In other cases nervous symptoms do not supervene until a considerable quantity of the salicylate has been taken. Rapidly supervening delirium is not so common as that produced after a while, and when it does occur it is often exceedingly violent. A curious circumstance is that if, in such a case, the medicine be stopped until the delirium has passed off, and be then again administered, the patient sometimes takes it without any recurrence of cerebral symptoms.

The delirium which occurs after a considerable quantity of the drug has been taken may, or may not, be violent; it is generally preceded and accompanied by great restlessness, rapid breathing, and dryness of the tongue. The patient dreams, and has varied hallucinations. One patient, for instance, thought he left the hospital and had gone to a theatre, where he saw duelling going on and people advancing to kill him, and the entrance to the ward appeared like a lighted tunnel. Still, however unpleasant the immediate consequences of the administration of the drug to patients who take it badly, these all rapidly subside after it is left off, and no permanent injury is done.

It is at present impossible to distinguish those cases who are likely to take the medicine with rapidly good effect, and without any unpleasant results, from those who are intolerant of it. But it may be stated that persons in great pain, and with high fever, and in whom there is not, when the treatment is commenced, any complication, are, as a rule, the most favorable cases for it. Still, slight complications, whether cardiac or pulmonary, should not preclude the treatment by salicylate of soda. Indeed, cases occur in which the drug produces rapid relief of the pain and joint affection, and no unpleasant symptoms whatever, notwithstanding the presence of pretty serious complications. Usually, however, the drug seems to have very little effect in modifying the course of cardiac or pulmonary affections occurring in acute rheumatism, although it may reduce the temperature in spite of them.

A girl of eighteen, for instance, had been in the hospital under Dr. Murchison for five days, with a temperature which ranged generally from 101° to 103° . Salicylate of soda was then given, which reduced the temperature to 97.8° in about fourteen hours. The medicine was then stopped, and on the third day from that time an acute pneumonia of the right lung, pericarditis, and pleurisy on the left side made their appearance. Twelve hours after these complications were discovered the temperature was still 98.6° , and in twelve hours more the girl died with her temperature below 100° , but with a pustular miliary eruption, pericarditis, left pleurisy, and consolidation of a large part of the right lung.

When the treatment is commenced before any secondary affections have made their appearance, the probabilities of their doing so are, of course, very greatly diminished, but they are not even under such circumstances necessarily prevented, for both cardiac

and pulmonary diseases have arisen in several cases while the system was saturated with salicylate of soda.

The question of the production of albuminuria by the salicylate is one which has received some attention, and it has even been suggested that the delirium may be due to this cause. There is no doubt that occasionally albumen makes its appearance in the urine after the treatment has been commenced; but the facts—that in the great majority of cases it does not do so; that in many cases in which albumen is present before the drug is given it disappears during its administration; and, finally, that albumen is frequently present in the urine of rheumatic patients with high temperature before any treatment whatever has been applied—go far to prove that the albuminuria ordinarily has nothing to do with the medicine.

It is only recently that I have been carefully observing the occurrence of albuminuria in cases of rheumatic fever with a view to determine how far it is a result of the treatment by salicylate of soda. Out of ten cases in which albumen was present, seven had it before the drug was administered, and it disappeared in all these while the urine still gave a strong reaction with the perchloride of iron. In the eighth case the urine was not tested for albumen before the medicine was given, but albumen was found in it and disappeared from it while it still contained the salicylate. In the remaining two cases the urine contained no albumen before the treatment was commenced, but it made its appearance afterwards, and again disappeared while the urine still contained the drug.

At any rate it can be stated with certainty that salicylate of soda, when given in the ordinary doses, never produces permanent albuminuria. That the delirium is not due to albuminuria is equally certain, for in many cases, if not in most, there is no albumen present during the period of delirium. It seems, indeed, probable from the experience of this hospital, that the presence of a small quantity of albumen in the urine should be no objection to the treatment by salicylate of soda, as the latter is just as effectual in such cases, and is not more likely to be attended with unpleasant results than in those in which the urine is free from albumen.

The delirium is probably due to the action of the salicylic acid on the brain itself. Of nine cases of delirium occurring during the administration of the drug, of which I have notes, two had neither albuminuria nor complications; two had a very small amount of albumen in the urine and no complications; two had no albuminuria, but had complications; two had no albuminuria, and the presence of complications at the time of the delirium was doubtful, while the remaining one had both albuminuria and complications.

It is, in fact, at present impossible to say in what class of cases delirium does occur, so varied is the condition of patients affected by it.

The liability to relapse after the salicylic treatment is considerable, especially when the drug is

suddenly stopped. But if it be continued in much smaller quantities for some time after the temperature is normal, this liability is very greatly diminished.

A very curious train of symptoms occurred in three cases of acute rheumatism, which were being treated with salicylate of soda, viz., a very high temperature, accompanied by great restlessness and delirium. In one case these occurred immediately after stopping the drug, and in the other two while the patients were still taking it. In one of these cases there was a considerable quantity of albumen in the urine before the treatment was commenced, but no other complications; in another there was no albuminuria, but a mitral systolic murmur, and in the last there was a trace of albumen, but no other complications. The only character which these cases had in common besides those mentioned above was the presence of a profuse miliary eruption, which became pustular. In one case the temperature rose to 106.4° , in the second to 106° , and in the third to 105.4° . In each case a graduated cold bath was given, which not only reduced the temperature to normal (though it rose again to a considerable height), but also put a stop to the delirium, restlessness, and insomnia. All three cases got well pretty rapidly afterwards.

As regards the effect of salicylate of soda on the amount of urine passed, I have not been able to come to any definite conclusion. It seems, however, often to diminish it considerably, and also the total quantity of urea. The percentage of urea, too, is affected in the same way, but to a much smaller extent.

Any one who has seen many cases of acute rheumatism treated by salicylate of soda must, I think, allow that its discovery as a cure for that disease is a triumph of empirical therapeutics which has probably had but few parallels in the history of medicine. It has now had a fair and extensive trial, and to say that it far excels any other method of treatment would be to give the drug but scanty praise. It may rather be said that until the application of salicin and its compounds to the treatment of rheumatic fever, there was no drug which could be relied upon to shorten, to any great extent, its tedious course. Now, however, making due allowance for cases of failure, which do undoubtedly occur, not only can cessation of the primary phenomena of the disease—pain and fever—be rapidly secured, but we likewise have good grounds for hope that, owing to the remarkable power which the drug possesses of curtailing the duration of the disease, those secondary affections of the heart which make acute rheumatism so serious may be greatly diminished in number and intensity.—*St. Thomas' Hospital Reports*, 1878, p. 75.

LOTION FOR SORE NIPPLES.

R. Powdered borax, 3 ij; powdered chalk, 3 i; spirits of wine, 5 ij; water, 3 ij. Mix.—*Practitioner*.

ERGOTINE IN HÆMOPTYSIS.

The sovereign remedy against hæmoptysis is ergotine, says a foreign physician, which, as is well known, excites the vaso-constrictors. A solution in glycerine (1:10) is better than a solution in water, as after long standing it shows but little sediment and no fungi. After the injection the spot injected becomes very sensitive, with some heat, followed by redness, which disappears in eight or ten hours. If the patient is much excited, or has much cough, the author is accustomed to precede the ergotine injection with one of morphia, or to give them both at once but in different places. In this way, the patient becoming quiet in mind and body, the ergotine has a better chance to act.—*Med. and Surg. Reporter*.

OPENING THE ABDOMEN TO RELIEVE INTESTINAL OBSTRUCTION.

In a discussion on this subject, Mr. Teale, an eminent London surgeon, said: "I must confess to having myself a strong bearing toward the operation, on the grounds both of theory and experience. I have six times opened the abdomen in apparently hopeless cases of obstruction of the bowels, and I do not consider that in any one of them the chance of recovery was taken away by the operation. The operation is justified on two cardinal grounds: 1, that the simple opening of the peritoneal cavity, in order to search for the cause of obstruction, is not of itself a dangerous operation; 2, that there are many cases of obstruction of the bowels which must prove fatal, unless relief can be given, which can only be rightly directed by means of exploration of the abdominal cavity. As to the harmlessness of opening the peritoneal cavity, I need hardly remind you how constantly this is done in operations for hernia."—*Med. and Surg. Reporter*.

CEREBRAL APOPLEXY—HYPODERMIC OF ERGOTINE.

Dr. N. S. Foster observes that the utility of the subcutaneous injection for the exhibition of the active principle of ergot, on account of the rapidity and comparative certainty of its action, has been most successfully demonstrated in cases of post-partum hemorrhage. From the explanation given of its inducing contraction of the smaller arteries, and from the facility of its administration, and specially in cases where swallowing was very difficult, he was led to use it in cases of cerebral apoplexy, and also of hæmoptysis. He records two cases, in each of which the patient was attacked with symptoms characteristic of an apoplectic lesion, the coma gradually deepening. On the injection of ergotine in the arm the comatose state became stationary, and the grave symptoms rapidly passed off.—*Lancet*.

PURULENT OPHTHALMIA OF INFANTS.

Dr. Luton, of Rheims, states that the tincture of iodine in distilled cherry-laurel water is a far more efficacious and innocuous means of treatment than the nitrate of silver. One gramme of the tincture may be added to twenty grammes of the water of medium strength, (20°), and produces a collyrium the color of pale brandy. Some of this should be dropped into the eye four or five times a day, external lotions being also abundantly employed. It has proved rapidly successful at the Hotel-Dieu of Rheims.—*Revue Med.*

STAMMERING.

Dr. Wm. B. Hammond (*The Voice*, No. 3) gives his method of self-treatment of this annoying affection. He considers it a functional disorder of that part of the brain which presides over the faculty of speech. Having himself been a sufferer, he is able to speak as one having authority. We give his method in his own words:

"If the attention of the stammerer can be diverted from himself and his articulation, he will often speak to others as calmly and as perfectly as he does to himself when alone.

Now, there are various ways of accomplishing this object, but the one that I found most effectual was the performance of some slight muscular action synchronously with the articulation of the difficult syllables. The words that troubled me most were those that began with the *explosive* consonants—those that require the sudden opening of the lips for their enunciation—*b*, *p* and *t*. I could no more have repeated the alliterative lines, 'Peter Piper picked a peck of pickled peppers,' etc., to other persons without stammering, than I could have walked to the moon, though perfectly able to say the whole piece through without a flaw when speaking alone. With each troublesome word, especially with one beginning a sentence, I made some slight motion with the hand or foot, or even with a single finger, and I found that this plan enabled me to get the word out without stammering. With the enunciation of 'Peter,' for instance, I would tap the side of my body with the hand just as I opened my lips, and the word was articulated without the least halting.

In the procedure, the attention is diverted from the effort to speak to the performance of the muscular action mentioned, and hence the speech becomes more automatic than it is with stammerers generally. And this is the only system of curing stammering. It consists in efforts to render the speech automatic. No orator thinks of his articulation when he is making a speech; no one in ordinary conversation thinks whether or not he will be able to pronounce a certain word, or to acquit himself well in the management of his tongue and lips. His mind is concerned with his thoughts, with what he is going

to say—not with the manner in which he will articulate, and the more thoroughly we can succeed in bringing stammerers into the same way of procedure, the more successful will we be in our efforts to cure them."

He followed this method about two years before the cure was accomplished, and has succeeded in curing several of his young friends by recommending it to them. Sometimes it has failed, as all other plans sometimes fail. In some cases probably from want of perseverance in carrying out the plan.

CONSTIPATION.

In constipation due to inertia and deficient secretion of the bowels:

R

Ext. nucis vomgr. vi.
Ext. belladonnæ.....gr. iii.
Pulv. ipecac.....gr. xii.
Ext. colocynth.....co. gr. xxxvi.

Mix. Div. in pil. no. xii.

Sig—one at bedtime.

— N. Y. Medical and Surgical Brief

ERGOTINE IN ACUTE OPHTHALMIA.

Dr. Planat, of Nice, has found ergotine act with efficacy and promptitude in proportion as oculo-palpebral phlegmasiæ are simply inflammatory. In blepharo-conjunctivitis the improvement is first observed in the conjunctiva; and in keratitis, although still very active, it is a degree less so than in the more superficial affections. It is also of great service in iritis, rapidly subduing the acute manifestations, and preventing their extension to the external membranes of the eye. When these last are the seat of a chronic fluxion dependent on a scrofulous or dartrous diathesis, ergotine, without influencing the constitutional affection, acts none the less efficiently on the inflammatory element—a fact of importance, as by generally preserving the eye from plastic deposits, corneal ulcers, and consecutive staphylomas, it allows of the treatment for the diathesis being more promptly put into force. The formula which Dr. Planat recommends is from one to one-and-a-half gramme of ergotine in twenty of glycerine or rose water, of which from eight to ten drops are to be inserted in the eye every two hours. Where there is violent inflammation of the eyelids or distention of the conjunctiva, a rag wetted in this mixture should be left on the parts for some hours. In general, two or three days suffice for the subdual of the most intense blepharo-conjunctivitis. Dr. Planat has employed the ergotine in this way, with invariable success, for several years past.—*Jour. de Thérap.*

THERAPEUTICAL NOTES.

TINCTURE OF WALNUTS IN IRRITABLE STOMACH.

For the treatment of obstinate vomiting and irritable stomach, Dr. E. Mackay recommends, in the *Practitioner*, a tincture of walnuts, prepared as follows:—

Fresh walnuts,	30 oz.
Rectified alcohol,	12 oz.
Water,	q. s.
Distill 16 oz.	

The dose is a teaspoonful.

In the vomiting of pregnancy it is said to be quite efficacious.

CHRONIC GRANULAR PHARYNGITIS.

Dr. Mandl, of Paris, eminent as a specialist in diseases of the throat, uses the following in chronic pharyngitis:—

R. Carbolic acid,	0.10 Gm.
Iodine,	
Iodide of potassium, aa.	0.20
Glycerine,	0.10

Mix for a lotion.

This is applied by means of a brush, several times a day.

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MONTREAL, MARCH, 1879.

INQUESTS.

Inquests, especially as conducted in the city of Montreal, have become a by-word and a reproach. We are led to make this assertion from the well-known fact that, in the majority of instances, the true cause of death is never ascertained. Disease of the heart, or some such stock verdict, is the usual result, often based upon the random opinion of the medical witness, who, not being permitted to make a post-mortem examination, resorts to guessing. In most cases only this evidence is required, as there are no suspicious circumstances to point to other than natural causes effecting death. Very often, however, the circumstances are such that blame should be attached somewhere, but the evidence is either overlooked or suppressed. In one instance, to our knowledge, a verdict of accidental death was

rendered, death being due to a severe railway injury. The individual was inebriated at the time, and recklessly attempted to board a moving train. No blame could be attached to the Company; but from the fact that he had been in a state of intoxication for some time, why was it not ascertained who sold him liquor while in such a state? It was known that he did get it, but this was suppressed because the family did not wish it made public for fear of being disgraced. Now, that inquest was simply a farce; the verdict of these twelve jurors, so far as the real facts were concerned, might have been dispensed with. Generally the Coroner makes some previous investigation, and it is his duty to bring before his court all the evidence that can be obtained. With non-influential juries the verdict is practically in his hands, and only the medical witness is examined. It would be better to leave it altogether in the hands of a competent Coroner and such witness than to have the expense of an inquest and the barren result usually obtained. In such a case it would lie with them to decide whether a more searching investigation should be held, and, should circumstances so demand it, to call together a jury, make a thorough post-mortem examination, and base the verdict upon something more than a guess. As a rule, juries are composed of friends of the deceased, and very often are actuated by prejudice or sympathy in suppressing facts which would reveal the true cause, but which might reflect upon the dead. More than one verdict has thus been governed. In one instance, where the gentlemen forming the jury were influential members of the community, the Coroner lost all control of his court, important witnesses were allowed to be snubbed, and the whole investigation was burked. The deceased was found under somewhat extraordinary circumstances, the presumable cause of death an overdose of morphia. The post-mortem conditions were such as would be found after death by this narcotic, and the substance itself was found in the stomach of the deceased, yet a verdict was rendered which belied the facts, and was anything but creditable to the intelligence of the men who gave it. Did the Coroner do his duty in this case? If so, why was it omitted to investigate the habits of deceased, to find out whether he habitually used the drug; from what druggist was the morphia found in the stomach obtained; in what quantity, and by whose order? If the morphia was obtained without an order, the druggist was criminally to blame, as the statute expressly states how poisons shall be sold,

and imposes a severe penalty for infringement. The Coroner is aware of this, but it apparently suited his interests best to conveniently forget it for the time, and, as in other matters, rise superior to all the laws in existence. That poisons are freely sold over druggists' counters without the caution prescribed we have personally witnessed, and they will continue to be thus sold until we have a Coroner who will not neglect the opportunity of convicting these parties for thus violating the law. An instance of this practice has just occurred to us: A gentleman who for some time has shown symptoms of cerebral disease with slight aberration of mind, and suffering from considerable pain and want of sleep, obtained from different druggists remedies for the purpose of obtaining rest. We have now before us a row of the remedies thus bought: a bottle of pills of opium and camphor; twelve papers, each containing a quarter of a grain of morphia; and solutions, one of which is labeled morphia, with the name of the druggist and dose to be taken. These were placed in our hands as the party was afraid he would be driven by his pain to kill himself. Comment on such practices is unnecessary, but it is openly done, there being no example ever made of these offenders.

Again, the manner in which the medical witnesses were treated in the case referred to showed the Coroner's lack of capacity as a fit person to preside in such a court. It must be presumed that all medical men are capable of making a chemical analysis of the contents of the stomach or other organs, yet it is plain that some are more specially fitted by tastes and pursuits to perform this work. In this case one of the analysts was thoroughly competent, but the jury were afraid to allow him to express his opinion as it might clash with their wishes. Whether competent or not, all medical men are held by law to be competent as experts, and it was in no way the business of the jury to criticize either the ability or honesty of such witnesses. Unfortunately medical witnesses are themselves to blame, and sometimes lay themselves open to attack. In this connection we might refer to another case, where the zeal of the medical witnesses to blame somebody caused them to be too certain in their conclusions, for it was stated under oath that a certain bottle contained enough poison in the dose prescribed to produce death. This was a bold statement unless it had been tested, for how otherwise could they or any body else tell the possible amount of morphia, or if any, in a solution by merely looking at it? Great carelessness was also shown in not properly sealing the bottle

when it came into their possession; this fact is sufficient to set aside all subsequent chemical analysis. We also learn that an ordinary dose of morphia is quite sufficient to cause such profound symptoms and death. Such positive evidence lowers the value of medical opinions, and makes them appear as other than impartial. We have no doubt that the experience of others will confirm these remarks, that in cases most requiring it the whole truth is seldom elicited, often suppressed, and blame is escaped from where it is most deserved. The fault lies with the Coroner, who, in spite of the great experience which it might be supposed he had acquired, does not fulfil adequately the duties of the office. As no pleading is allowed at an inquest, he, by virtue of his authority, is both judge and advocate in his court. Very few jurymen know any thing of the modes of investigation, rights of witnesses, or their own functions. They look to him for that instruction and guidance, which his experience in such matters fits him to give, both in regard to legal points and to the evidence required. Our verdict is, that he fails in every respect but one—the collection of his fees. Since writing the above, we learn that an Associate Coroner has been appointed, but who has no jurisdiction in the city, so the matter is not mended. We had hoped that a new Coroner for Montreal would have been appointed, and consider that the office should be held, as in Ontario and elsewhere, by a medical man. His training and observation fits him to carry out such investigations, and we trust that the time will come when such appointments will be made on the ground of qualification, and not political friendship or convictions.

EXTRACT OF MALT IN BRITAIN.

Commenting upon the fact that Malt Extract is steadily increasing in favor for diseases involving impaired nutrition, the London *Lancet* calls attention to the great care required in its preparation, as it is easy, in making it, to destroy its activity as a starch converter. The *Lancet*, referring to the Trommer preparation, says: "We find that this Extract converts starch into glucose and dextrine rapidly and in large quantity. In flavor it is excellent, and we have, therefore, no hesitation in praising it highly." This is strong testimony in proof of the claim of the Trommer Company as to the care exercised in their manufacture. Pioneers in this field in America, their long experience has enabled them to overcome all difficulties so com-

pletely that they now guarantee absolutely the reliability of their preparation in all its combinations. The value of this agent has been fully appreciated by the profession in Canada, and we are daily in receipt of testimony as to its extraordinary efficacy in cases of phthisis, dyspepsia, and in all cases of mal-nutrition. Our own experience in like cases has been equally favorable and convincing.

THE BELMONT RETREAT, QUEBEC.

We have much pleasure in publishing and endorsing the following remarks of a correspondent regarding this important institution: "I feel assured that the high esteem in which this institution is held by the profession is fully warranted. The building is well adapted for the purpose, admirably situated, in the centre of a delightful park—and controlled by a gentleman who has made a life-long study of Dipsomania. One of the leading members of the profession is retained as attending physician, and every attention is paid to the health, comfort and restoration of patients. All the leading papers are taken in by the Manager, and various amusements provided for the entertainment of residents of the Retreat. Here are combined, with the main and beneficent purpose of the institution, the refinement and privacy of home, elements largely conducive to the result obtained in most cases—absolute cure. Dr. Wakeham is always willing to answer enquiries very fully, and I can testify, from experience, that he is a most generous host to such as visit him in his cosy home."

PERSONAL.

Dr. Yates, of Kingston, has returned from Bermuda. We are glad to hear that his health has greatly improved.

It is with deepest regret that we announce the death of Dr. John M. Woodworth, Surgeon-General of United States Marine Hospital service, which took place at Washington on March 14th. It is hard to realize that the labors of so active a worker are at an end.

APPOINTMENTS.

Hugh Ross, of the Village of Brigden, Esquire, M.D., to be an Associate Coroner in and for the County of Lambton.

David William Ferrier, of the Village of Brougham, Esquire, M.D., to be an Associate Coroner in and for the County of Ontario.

Robert Clinton Young, M.D., to be an Associate Coroner in and for the County of Kent.

Drs. Mullen and O'Neil have been elected attending physicians to the Hamilton City Hospital; Dr. Macdonald has been appointed consulting physician.

CURRENT LITERATURE.

Neurological Contributions. By WILLIAM A. HAMMOND, M.D., Professor of Diseases of the Mind and Nervous System in the University of New York, etc. Assisted by W. J. MORTON, M.D., Assistant to the Chair of Diseases of the Mind and Nervous System in the University of New York, etc.

With the above title it is proposed to issue a publication consisting of: 1. Memoirs, by Dr. HAMMOND, on important subjects connected with the mind and nervous system in health and disease; including reform in the management of lunatic asylums. 2. Reports of interesting cases occurring in private practice. 3. Reports of the clinic for diseases of the nervous system at the University of New York, prepared by Dr. MORTON. 4. Short notices of the more important publications relating to the nervous system. Each number will consist of at least 96 pages, and will be printed on extra heavy paper in the best style of typography. Illustrations by wood-cuts, lithographs, photographs, etc., will be freely used whenever necessary. Each number will be complete in itself, and will be sold at the uniform price of \$1.00, payable on delivery.

Subscribers residing at places where it will not be convenient to deliver by agent may remit directly to the publishers, and will receive the number ordered by return mail; or they may, if they prefer, pay at once for the four numbers constituting the volume to be issued in 1879. In all other cases payment only to be made on delivery of each number. The first number will be issued in March. Orders and subscribers' names will be received by the publishers, G. P. PUTNAM'S SONS, 182 Fifth Avenue, New York.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, Feb. 21, 1879.

A regular meeting of the above Society was held this evening, in the Library of the Natural History Society's Rooms. The President, Dr. Henry Howard, in the chair.

There were present: Drs. Henry Howard, Ross, Kerry, Molson, Buller, Rodger, Trenholme, Baynes, Gardner, Osler, Oakley, Bell, Armstrong, Kennedy, Hingston, Proudfoot, Alloway, Perrigo, Ritchie, Roddick, and Edwards.

The minutes of last regular meeting were read and approved.

The following pathological specimens were presented:

Dr. OSLER exhibited a specimen of perihepatitis with cirrhosis, taken from a patient of Dr. F. W. Campbell's. The man had suffered for some years with obscure symptoms of disease of the liver. Death took place from hæmatemesis.

At the autopsy about half-a-pailful of fluid was removed from abdominal cavity, the entire peritoneum was thick and opaque, particularly in the pelvis and in the lateral parts. The intestines were not adherent, but the omentum, transverse colon and stomach were matted together. The liver presented a very remarkable appearance, being covered with an opaque white fibrous capsule, over a quarter of an inch in thickness, investing the whole organ except the attached posterior border. It could be easily removed, peeling off and exposing roughened nodular surface of the liver, which was in a state of advanced cirrhosis, diminished in size and excessively firm. The spleen was enlarged and its capsule thickened. Dr. Osler remarked that perihepatitis was a condition sometimes met with in toppers, accompanying cirrhosis, and the question which was the primary affection in such a case was difficult to determine. There could be no doubt that the constricting influence of such a sheath of fibrous tissue was very considerable; the pitted appearance of the under surface, corresponding to the hob-nailed projections, showed how close it fitted to the substance. The chronic peritonitis in these cases is supposed to be an extension from the perihepatitis. In the experience of Guy's men in these cases, when tapping is resorted to a fatal issue not unfrequently follows from acute peritonitis.

The 3rd specimen was one of xanthelasma presented by Dr. Buller. Some sections of patches recently removed from the eyelids of a middle aged lady were placed under the microscope. Dr. Buller remarked that the disease was essentially benign in its nature,

but no benefit can be derived from any treatment except excision of the affected portions of skin, and this need only be resorted to when the yellow discoloration causes notable disfigurement.

In this case the disfigurement was very considerable. The skin of the right upper eyelid near its inner extremity presented a distinctly elevated bright yellow patch, of more than half an inch in length and nearly an equal width. It had existed for five or six years. At a corresponding part of the lower lid of the same eye was a smaller patch of more recent origin but less conspicuous. The upper lid of the left eye presented a long, narrow, somewhat elevated and sharply defined yellow band, almost symmetrically placed with that of the other eye, and several small isolated rounded masses resembling miliaria excepting in size and color. Each growth was excised with forceps and scissors, and the edges of the gaping wounds stitched accurately together with fine silk. The result has been perfectly satisfactory.

This affection has often been found to occur in connection with disease of the liver, and it has been remarked that the subjects of it are apt to have suffered a good deal from sick-headache. In this case there was no such history.

If the cause of the affection is obscure it cannot on the other hand be said that its pathology has been satisfactorily determined. Different observers are much at variance in their accounts of the microscopical character of these little growths. Virchow and others find the morbid growths to consist in a hyperplasia of connective tissues with localized fatty deposits. More recently Geber and Simon have described the growth as containing nests of large yellow epithelium-like cells interspersed among the connective tissues of the corium, possessing the characters of the enchymatous cells of the sebaceous glands. They found some of these collections in close connection with the sebaceous glands, which latter were hypertrophied, and they infer from the specimens examined by them, that macular xanthoma consists essentially in a hyperplasia of sebaceous gland cells.

A glance at the specimens under the microscope would, in Dr. Buller's opinion, suffice to show that although there is a hyperplasia of connective tissue there are no deposits of fat. The yellow epithelial-like cells described by the last

named authors exist in abundance, but apparently almost uniformly distributed throughout the corium. They do not appear in any way connected with the sebaceous glands, and these seem to be in every respect normal. The yellow pigment in the cells is certainly not fat, for it is wholly unaltered by the action of ether.

Dr. OSLER read a paper on "Two Cases of Rare Kidney Tumors." He remarked that primary tumors were comparatively rare, but a peculiarity was the frequency with which they occurred in early life. In the majority of the cases reported the tumors have been cancerous in character; sarcoma—tumors consisting of normal or spindle cells, with but little intercellular substance—are scarcely mentioned in the pathologies.

The first case occurred in a child, nineteen months old, patient of Dr. Dugdale's. Death took place somewhat suddenly after an illness of ten to twelve hours, symptoms being chiefly gastric. Nothing abnormal was found in the organs except a tumor projecting from the cervix border of the left kidney, and which on section was found to occupy the greater part of the organ, forming a mass about the size of an orange. The substance of the tumor was made up of strands of tolerably firm tissue enclosing a softer material. The former were composed of spindle cells together with numerous elongated, transversely striped muscle fibres, without sarcolemma, and with central nuclei. The latter—the intervening softer material—was made up of round cells about the size of colorless blood corpuscles. The tumor is therefore a round-celled sarcoma containing striped muscle fibres, a myoma strio-cellulare of Virchow, or rhabdomyoma of Yenker. Tumors containing muscle-fibres are pathological curiosities, only about twenty instances being on record, the majority in connection with growth of testicle and ovaries. A tumor of this nature in the kidney was first described by Eberts in 1872, and within the past two years five other cases have been recorded by German observers, Cohnheim, Marchand, Landsberger, Kocher, and Huber; all these cases have been in children from seven to thirty-nine months old. The tumors have all presented very similar histological characters and are more properly called myo-sarcomas.

The second case occurred in the practice of

Dr. Clark, of Drumbo, Ont. (now of Oakville). The subject was an eight months' fetus, which only lived a few minutes. It was healthy looking, but the belly was swollen, and on examination the kidneys were found increased in size. One of them, together with the other abdominal viscera, were forwarded to Dr. R. P. Howard, who handed them over to Dr. Osler for description. The kidney is about four times the natural size, somewhat rounded in shape; on section no kidney substance to be seen, cortex not distinguishable from medulla. The substance presents a spongy alveolated appearance, from the existence of a number of little spaces. The tissue is firm, cuts easily, and appears chiefly as strands separating the spaces. On examination, at the cortex the tubuli uriniferi and malpighian capsules are distinct, but the intertubular tissue is increased by the presence of numerous spindle cells. Towards the pelvis the entire substance is made up of these cells closely compressed together, and among them coils of epithelial cells are seen, some resembling dilated tubuli, others irregular-shaped malpighian capsules. From the number and arrangement of the new growth of cells the tumor is evidently a sarcoma, and as the epithelial new formations in the part towards the pelvis, though irregular, conform as regards the shape of the cells to renal epithelium, the designation spindle-celled adeno-sarcoma is appropriate. So far as Dr. Osler had been able to ascertain, no such variety of tumor had heretofore been described in the kidney.

Dr. OSLER also added some remarks on Cohnheim's theory of tumors.

In the discussion which followed Drs. Hingston, Buller, Ross and Trenholme took part.

A vote of thanks to Drs. Osler and Buller was moved by Dr. KENNEDY, seconded by Dr. HINGSTON, and carried.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,

Secretary.

BIRTHS.

On March 11th, the wife of L. H. Evans, Esq., M.D., 152 Spadina Avenue, Toronto, of a daughter.

At 50 Duke Street, Toronto, March 1st, the wife of Wm. Oldright, M.A., M.D., of a son.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

In view of recent poisoning cases in this city and in country parishes, it would be as well if druggists, and physicians who preside over drug stores, would make themselves conversant with the poison clauses in the Pharmacy Act. From what we can learn, cyanide of potassium, Paris green, and other poisons contained in the schedule, are frequently sold without being registered in the "Poison-Book," and sometimes without the purchaser being known to the seller (or even introduced by some one who is known to the seller). These little precautions are a great protection to the druggist, and it would be well to be able to assert that all the requirements of the law have been filled when an accident does occur.

The date of the examinations of the Pharmaceutical Association of the Province has not yet been fixed, but we believe they will take place in Montreal some time in April, and in Quebec some time towards the end of June. Due notice, however, will appear in our next number.

THE CINCHONA BARK COLLECTORS OF SOUTH AMERICA.

BY HENRY R. GRAY.

(Continued.)

Instead of following the cinchona bark to its ultimate destination, we will for a time remain with the Cascarillero.

Like our own lumberman, he is not engaged at his task in the forest during the whole year. This is forbidden by the change of the seasons. It is in the month of May, the autumn of the South American clime, that he can best collect the bark; and in this gorgeous month, the month of Mary as the pious Cascarillero calls it, he repairs to the humid slopes, where grow the cinchonas. He loses no time, for he knows full well he must get away again before the wet season begins, else he may never return to his wife and children, left in a drier, more open and healthier region. In addition to the risk of deadly fevers, even in most favorable seasons, he must be ever watchful for the lurking Jaguar and the poisonous fangs of many a venomous serpent. He is at times also beset by hunger, and cases have been reported of the poor Cascarillero starving in the middle of his task. If he is an energetic man, working independently of a wealthy employer, he has perhaps kept a few mules feeding around his

hut during his bark-lumbering operations: should his mules have managed to escape the much dreaded Jaguar, or the still more to be dreaded termites, or white ants, which invade the body of an animal in millions, and from which there is no escape but by taking to the water, he proceeds to load them carefully with the bundles of bark, which he has carried from different parts of the surrounding forest on his own shoulders, and then, with an humble prayer for protection, he starts on his long and perilous journey, homeward bound.

If the Cascarillero be a Bolivian he has probably collected his bark in the forest of Yuracares, or in those of the Yungas. In the former case he directs his steps to the town of Cochabamba, in the latter case to the city of Lapaz. At both places he is obliged to dispose of his loads to a company authorized by Government. At each of these towns or bark ports is established a "bank," with officials appointed by Government, whose duty it is to pay the Cascarillero for his crop. He must take a fixed price, according to the quality of the article. If it be best bark from the trunk of the tree, termed technically "tabla," he is allowed about sixty *South American* dollars per quintal of 112 lbs. For the bark of the larger branches, called "charqui," about thirty-five dollars, and for the strippings of the smaller branches and twigs about twenty dollars per quintal. Refusing this price he cannot dispose of his bark in Bolivia. The banking and shipping company pays to the Government a duty, at least such was the case only a very few years ago, of thirty-five dollars per quintal for "tabla," eighteen for "charqui" and so on in proportion for "canelo," and this system holds good for the other bark producing republics of South America, with the exception of Peru. The actual price paid varies each year, according to amount of bark expected and the wants of the Government. Sometimes the Cascarillero manages to escape the double impost of company and Government, by smuggling his bark across the frontier into Peru, where the contraband dealers can afford to give him a better price, afterwards passing it out along with their own through the ports of the Peruvian Republic.

Cinchona-bark, like all other bulky commodities requiring transportation, varies in price according to the place where it is offered for sale. At the stump of the tree from which it has been stripped (for from very old trees it is sometimes though rarely stripped without felling), the Cascarillero would only be too happy to sell it at much less than its market value, and that well dried and ready for the "bank." Two quintals freshly stripped from the logs yield one quintal properly dried, and a clever collector can strip this quantity in one day.

When it reaches the Pacific seaport of Arica, to which the bark from Cochabamba and Lapaz is usually sent, it again receives Government inspection to see that it has gone through the usual channels, and is then shipped and carried around Cape Horn to London or New York, there to be mostly manufactured into quinine.

The strangest part of the story is, that a part of it actually returns to the apothecaries' shops of Cochabamba and Lapaz in the shape of quinine, where it is sold to the Cascarilleros, to cure them of the "chills" to which they are so liable towards the end of May, and which, if not checked by large doses of this valuable febrifuge, quickly produces a liver disease which ends in death. These innocent Cascarilleros pay for one ounce of quinine about the same price the "banks" have paid them for 112 of the bark, and yet no one in Peru, Bolivia, New Granada, or Ecuador has the enterprise to establish a factory and make quinine on the spot.

In most respects the life of the Cascarillero is the same whether he carries on his operations in one republic or the other. The sketch given has been rather that of a Bolivian, but he may be looked upon as a fair type of all the others.

On the slopes of Loxa and some few other places the cinchonas are now nearly all destroyed. When it is considered that the cinchonas are nearly all cut down as being the easiest method of obtaining their bark, it is scarcely necessary to say that the supply is becoming exhausted. As against this opinion, however, the Cascarilleros have an idea that the cinchona region extends far eastward of the Andes into the great Montana Forest, and that there are fortunes for them there if they dare only go far enough in that direction. But their fear of the "Indios bravos," or savage tribes, forbids this; consequently at many points they have not yet ventured beyond the very selvedge of the cinchona region.

To give a rest to the trees the Bolivian Government has passed a law, that in certain districts no cuttings are to be made except tri-annually. This is evidently blind legislation, as a "Mancha" of cinchona trees once cut down does not grow again in less than thirty years. It is true that suckers immediately spring up around the stump, but not to become trees worth stripping for another generation. A wiser way, and one already practised in India, would be to let the tree continue growing and strip off the bark only in longitudinal sections. With the vigorous growth of the Andean climate a continuous succession of crops might be obtained every three years. Of course on cinchona plantations such rules can be enforced, whereas in the depths of the Andean forest the adventurous Cascarilleros could hardly be made amenable to such restrictions. A surer method for retaining the cinchona bark trade would be for the South American republics to cultivate the cinchona tree, as is being now done by the Dutch in Java and the English on the Neilgherry Hills in India.

As supplementary to the work of the bark collector, it would be as well to draw attention to the new and shorter route by which in future cinchona bark will reach the drug markets of London and New York.

The very important question of the navigability of the Amazon for large sea-going vessels was in May, 1865, finally decided. A vessel of 750 tons burthen, containing a floating dock for the repair of

vessels, was towed up the Amazon and safely moored off Iquitos in Peru, a distance of 2,200 miles from the mouth of the river. This part of the Upper Amazon is usually set down as belonging to the Republic of Ecuador, but, like a great many other things found on maps, it is an error. Both banks of this mighty river beyond the Brazilian boundary belong to Peru.

This power has at length made a treaty with Brazil which gives it the free use of the river; thus giving Peru an outlet to the Atlantic for her rapidly increasing trade. The most important natural product exported from Peru is without doubt the cinchona bark, and this treaty will, in the future, have a very beneficial effect on this branch of her commerce.

At the dockyard now firmly established at Iquitos some seventy skilled English mechanics are employed. Two large inland steamers run as regular liners between Tabatinga on the Brazilian frontier and Yurimaguas on the river Hualaga, a tributary of the Upper Amazon, distant some 300 miles beyond Iquitos, where the dockyard is established. These steamers connect again with steamers of higher draught which run up the Ucayali, the Pachitea and the Mayro, to the very foot of the Andes, within some 250 miles or less of the City of Lima. This wonderful water communication will be at once understood by referring to a modern atlas.

Some of the Indians living on the banks of these tributary rivers are "Indios bravos," or uncivilized pagan Indians, and live in deadly enmity to the Whites. They have been accused, upon pretty conclusive evidence, of cannibalism. The Cascarillero consequently keeps as much out of their neighborhood as possible and makes long and tedious detours to avoid the country inhabited by them, but the swift little river steamers, with a few long range rifles on board, have not as yet been molested. A quantity of bark has been of late years shipped by this route, being taken on board the ocean-going ships at the Port of Para. Some of the very finest bark ever brought from the Cordilleras of the Andes has this year appeared on the London market, showing that these lively South American Republics are not indifferent to the commercial advantages they possess in their matchless Amazon and its numerous navigable tributaries. It is much to be regretted that we in Canada know as little of the progressive Republic of Peru as the average Englishman does of Canada.

NEW WORKS.

We are in receipt of a new work called "The National Dispensatory," containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, including those recognized in the Pharmacopœias of the United States and Great Britain, compiled by Profs. Stillé and Maisch, and published by Henry C. Lea, of Philadelphia, and containing upwards of two hundred illustrations. This book has just been issued in time to fill up a

void that has been occasioned by the introduction of so many new remedies to the notice of the profession, and we can safely recommend it to all who desire information of the most recent date.

In the rapid progress of modern research, few subjects have of late years received greater accessions of facts than the group of sciences connected with *Materia Medica* and *Therapeutics*. The new resources thus placed at the command of the pharmacist and physician have seemed to the authors to justify an attempt to make, from the advanced standpoint of the present day, a concise but complete statement of all that is of practical importance to both professions—a digest in which that which is old and that which is new shall be so brought together as to give to the reader, within the most moderate practicable compass, all the details in pharmacology, pharmacy, and therapeutics which he is likely to need in his daily avocations. In the almost infinite accumulation of material, this has required a careful and conscientious sifting to discard that which is obsolete, untrustworthy, or comparatively trivial, without impairing the practical completeness of the work. That they have wholly accomplished their object, the authors do not venture to claim; but they can say that years of constant labor have been devoted to the task of producing a work to which the enquirer may refer with the certainty of finding every thing which experience has stored up as worthy of confidence in the subjects embraced within its scope.

SPANISH QUICKSILVER.—To secure and repay a loan of forty-two millions of piccettes, equal to \$8,500,000, subscribed to in 1870 by the English banking house of Rothschilds, and payable in thirty annuities of \$750,000, the Spanish Government granted to it the monopoly of the sale of the product of the quicksilver mines of Almaden, situated in the province of La Mancha. The Spanish Government pledged itself to deliver yearly at least 32,000 flasks of quicksilver, each holding 75 Spanish pounds, equal to 76½ pounds avoirdupois. All the quicksilver bottled is taken at Almaden by the Rothschilds, and the administration is relieved of all care and further expense of transportation and sale, transactions occasionally difficult. The London market is almost entirely supplied by the Spanish mine, a little also going there from the mine of Idria, owned and worked by the Government of Austria. Although quicksilver is an article that is stowed in small compass, it is not depreciated by age, nor do its ores occur in large quantities except in Spain, Austria, and California, yet its price has shown great fluctuations during the past fifteen years. The many quicksilver mines of California are being rapidly extended in a vain effort to compete with the two richest mines owned by the Spanish and Austrian Governments. The production of the State of California in 1878 was 63,480 flasks.

A CHEAP DISINFECTANT AND DEODORIZER.—Dissolve a drachm of lead nitrate in a *pailful*, and a drachm of common salt in a *jugful* of soft water, and mix the two solutions. Soft water is essential, on account of preventing the formation of an insoluble carbonate of lime and lead. Dip rags into the solution, and hang them up in the offensive room, or pour some of the mixture upon excrements, or down the privies or sinks. This is of ordinary strength, but the solution may be made stronger if desired. If carb. lead and lime form, pour off the clear liquid and use none of the sediment.—*Physician and Pharmacist.*

“‘Soy’ has always been a mystery to me, as I fancy it has been to most other people who have dealt in or used it. I was, therefore, anxious to see a soy factory, and taking a boat one day we proceeded two or three miles up the river to where one was in operation. I found that the principal ingredient or base is a white bean known as ‘pak-toh,’ which, so far as I could judge, is very like any other small white bean. These are boiled, heavily salted, and put into big earthen jars, holding, perhaps, half a barrel each, where they are allowed to remain for about ten days, during which period fermentation takes place. They are then mashed up with a species of olive, which is picked and boiled, and this mixture is placed into neat cloth bags, into which water is poured and allowed to percolate. The liquid is then taken out, placed in clean jars, and thickened with a heavy-bodied Chinese molasses, and this is soy.”

SOUND, HEAT, AND LIGHT EXPLAINED BY THE VIBRATORY THEORY.—In the middle of a large darkened room let us suppose a rod set in vibration and connected with a contrivance for continually augmenting the speed of its vibrations. We enter the room at the moment when the rod is vibrating four times in a second. Neither eye nor ear tells us of the presence of the rod, only the hand, which feels the strokes when brought within their reach. The vibrations become more rapid, till, when they reach the number of thirty-two in a second, a deep hum strikes our ear. The tone rises continually in pitch, and passes through all the intervening grades up to the highest, the shrillest notes; then all sinks again into former grave-like silence. While full of astonishment at what we have heard, we feel suddenly (by the increased velocity of the vibrating rod) an agreeable warmth, as from a fire, diffusing itself from the spot whence the sound had proceeded. Still all is dark. The vibrations increase in rapidity, and a faint-red light begins to glimmer; it gradually brightens till the rod assumes a vivid-red glow, then it turns to yellow, and changes through the whole range of colors up to violet, when all is again swallowed up in night. Thus nature speaks to the different senses in succession; at first a gentle word, audible only in immediate proximity, then a

lounder call from an ever-increasing distance, till finally her voice is borne on the wings of light from regions of immeasurable space.

THEVENOT'S GLOBULES.—M. Thevenot's invention will doubtless be as welcome to the patient as it is useful and interesting to the medical man. By the use of thin layers of gum compressed and welded into the shape of small hollow spheres—an operation performed with marvellous ease and accuracy by steam machinery—the most unmanageable drugs are encased and dosed in all their freshness and purity, and can be stowed away without fear of the slightest deterioration. Thus ether and even nitrite of amyl are imprisoned in their gum shells, and stand the test of years without evaporation. For some preparations of iron, which are liable to become useless by attracting moisture, for medicines of which exposure destroys the value, as well as for drugs like castor oil, cod-liver oil, turpentine, copaiba, &c., the smell and taste of which are so repulsive as often to make their administration impracticable, M. Thevenot's method is most useful. It is certainly entitled to the praise of the profession no less than to the gratitude of many invalids.—*The Doctor*.

INDELIBLE INK STAINS may be removed by a solution of corrosive sublimate.

PHOTOGRAPHING IN COLOURS is said to be now practised successfully by M. Joseph Albert, photographer to the Court of Vienna.

A SURE AND RAPID CURE FOR HICCUGH.—Dr. Grellet, of Vichy, states that he has never failed in immediately relieving simple hiccough by administering a lump of sugar soaked with vinegar.—*Révue Méd.*, Dec. 16.

ANTIMONY.—A deposit of antimony sulphide has been found near Greymouth, New Zealand, and the analysis gives 84 oz. of gold and 36 oz. of silver to the ton.

A DROP of extract of eucalyptus applied on cotton to the sensitive dentine just before excavating is said to be the best local anæsthetic for dental operations.—*Chemist and Druggist*.

HOME SCIENCE.—Mrs. Nag won't believe in physiology. She maintains that whatever the book may say her husband is a cold-blooded animal.

Did you ever hear of the man who, being required by his physician to take two blue pills "in some convenient vehicle," sat down in his wheel-barrow to swallow the pellets, as he didn't keep a carriage?

"Would a little spirits now and then hurt me much?" asked a patient of his physician. "No," said the doctor; "a little spirits now and then would not hurt you much, but if you don't take any they won't hurt you at all."

THE DRUG MARKET.

Under this caption we propose to give, monthly, a short review of the tendencies of the market in the

leading articles of drugs and chemicals, trusting that the introduction of this new department in the columns of the RECORD may secure additional interest at the hands of our Pharmaceutical friends, whose growing patronage is much appreciated.

Since the beginning of the present year, there has been no particularly marked or sudden change in any line of drugs or chemicals, but there has been a quiet but steady tendency downwards in many of the leading lines, such as Santonine, Salicine, Mercurials, Bromide Potash, and other Bromine preparations, Citric Acid, Aloes, Salicylic Acid, etc. Quinine and all preparations of Peruvian Bark have been, generally speaking, very steady, and there is little prospect of any decline in the immediate future.

Opium and its preparations are rather easier in both the New York and London markets, and the slight excitement raised a few weeks ago, by reports from Smyrna, of damage to growing crop, has died out, large stocks being held by importers.

Quicksilver has not been so low as it is at present since 1869, and there is no immediate prospect of an improvement in price, as new mines are being constantly developed in California. We direct attention to a paragraph in another column on this subject.

Salicine.—The Continental market having been depleted of this article, with orders still unfilled, there has been a sharp advance in price, and there is a probability of its value, which declined steadily during the early part of the year, again advancing to a high figure.

Camphor.—American camphor, of which considerable quantities are sold in this market, has experienced a steady rise during the past month, the stock in New York being rather light in consequence of delay in expected arrivals, and, as the demand will be steady for the next two months, the price will be likely to remain firm. English camphor is, however, slightly easier, and, as the prices more nearly approach, the demand for the English will increase, the quality being superior to the American.

Castor Oil remains without much change, although the tendency in East Indian oil is downward. American oil, of which there is considerable in the market, is, however, firm for good brands.

Essential Oils.—Lemon, new crop, is slightly higher. Bergamot, a little lower. Anise, considerably advanced. Sassatras, higher.

Acids of all kinds, with two or three exceptions, will be higher in price, as the new tariff imposes a duty of 20 per cent. upon them, whereas they were formerly free. Their value will, therefore, be enhanced to the extent of the duty.

Cardamon Seeds have been steadily advancing in price for some months, and are higher at present than for years back, with a prospect of still higher prices prevailing.

Cantharides are low at present, and large stocks are held in London and New York, so that the price is likely to remain at a moderate figure for some time.

Iodine and its preparations, which advanced toward the close of the year, is slightly easier, but any marked decline is not looked for, the combination entered into last year being firmly held to so far.

Cubebs, which were so dull of sale for a long time, suddenly, about the beginning of the year, took a run upwards, a demand having arisen for them as a remedy, or rather a palliative, in asthmatic complaints by smoking. The berry is ground and mixed with some other aromatics, and prepared as cigarettes for use.

The Canada Medical Record.

MONTREAL, APRIL, 1879.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE

A Paper on Peritonitis. By THOS. H. GAGE, M.D., 169—Valedictory Address to the Graduates in Medicine, delivered at the Eighth Annual Convocation of the Medical Faculty of the University of Bishop's College, Montreal, April 16, 1879. By George Wilkins, M.D., M.R.C.S., Eng., Prof. of Pathology and Lecturer on Practical Physiology and Histology, 172—Whooping-Cough treated by Quinine. By Francis Wayland Campbell, M.A.,

M.D., L.R.C.P. Lond., Prof. of Physiology in the University of Bishop's College.....175

PROGRESS OF MEDICAL SCIENCE.

The Treatment of Convulsions in Children, 179—Pruritus Vulvæ treated with Sulphurous Acid. By E. B. Stevens, M.D., Lebanon, 180—Milk and Diphtheria, 181—Cold Feet, 181—Therapeutic Properties of Glycerine, 182—The Treatment of Varix by the Subcutaneous Injection of Alcohol.....182

EDITORIAL.

PAGE

American Health Primers, 183—

PAGE

Annual Report of the Women's Hospital, Montreal, 183—University of Bishop's College, Faculty of Medicine, 184—University of McGill College, Faculty of Medicine, 186—School of Medicine and Surgery Victoria College, 187—College of Physicians and Surgeons, Province of Quebec, 187—Accident to Dr. Henry Howard, 187—What Women can do, 188—Personal, 188—Reviews, 188—Medico-Chirurgical Society, 191 Births and Marriages.....192

PHARMACEUTICAL DEPARTMENT.

Original Communications.

A Paper on Peritonitis. By THOS. H. GAGE, M.D.,
Read before the Worcester, Mass., Association
for Medical Improvement, March 12, 1879.

(Communicated to the Canada Medical Record by
George Bull, M.D., Secretary of the Association.)

Peritonitis, in one form or another, is a disease of frequent occurrence, and is in general well understood and easily recognized. To enter upon its discussion, as is done in universally accessible books, would be tedious as well as unnecessary. But we may be pardoned the passing remark that, in view of the present fulness of our knowledge of the disease, it seems surprising that it should have been so very ill understood, and hardly deemed worthy of discussion, only seventy-five years ago. Dr. Cullen in his "First Lines," published in 1807, dismisses peritonitis in a brief paragraph, and only says, in substance, that the symptoms are so obscure that the disease is difficult to recognize; and that, even if it could be more readily known, it would require no particular treatment beyond that of acute inflammation in general. And yet it is interesting to observe that, as he passes on from this dismissal of peritonitis to the description of other acute abdominal inflammations (notably that of "phlegmonous and erythematic" gastritis); he is evidently talking and describing what we now know to be acute diffuse inflammation of the peritoneum.

I do not bring the subject up to-night with any purpose of entering upon a general description or exhaustive essay. The scope is too large for such treatment in the brief time we give to discussion, and I have neither the time nor the ability to do it

justice. My purpose is rather, very briefly, to speak of a few points of personal experience and observation in the disease, which, although comparatively of little importance in themselves, may serve to suggest a course of discussion and remark which will prove both instructive and entertaining. To this I have been led by the circumstance of having seen recently a somewhat unusual number of interesting cases, and by the knowledge that several members of the Association have had occasion to give the disease a fresh investigation and study.

One of the points upon which I wish to speak is the discrepancy between my own experience and observations and the books in regard to the causes of peritonitis. Not that I think I have discovered causes not known to exist before, or that I have any doubt to express as to the efficacy of causes which are usually enumerated; but that I think it not unworthy of mention that, after a practice of twenty-five years, and having seen a great many cases of the disease, there are so many of the usually mentioned causes, and many which we might infer from the books to be not infrequent, which I have never met with. I have seen peritonitis caused by penetrating wounds of the abdomen, and by numerous surgical operations which have involved opening that cavity. Three times I have seen it caused, and run a rapidly fatal course, from the simple operation of paracentesis in ovarian dropsy. I have often seen it arise from participation of its investing coat in inflammation of the various abdominal organs; more especially in inflammations of the pelvic organs in the female, and of the stomach and intestines in both sexes. I have seen its puerperal form, both simple and septicæmic. I have many times seen it arise

from apparent rotations and dislocations of coils of intestine; from strangulations, internal and external; and a few times from intussusception. I have seen many cases of what I supposed to be typhlitis and peri-typhlitis giving rise to severe local, but very rarely to general, peritonitis. Twice I have seen it caused, and frightfully violent in its course, by ulceration and perforation of the appendix vermiformis from lodgment of a foreign body; in one the foreign body being a kernel of wheat, and in the other a hard, half-cooked bean. I have seen a severe local peritonitis caused by the irritation and extension, without penetration, of an acute destructive ulceration of the external tissues in the right groin, causing first adhesion of intestine to abdominal walls; then, through a series of years, repeated and wearing attacks of colic from obstruction; and at last general peritonitis and death. I believe too, some authors to the contrary notwithstanding, that I have seen peritonitis occur as an idiopathic, primary disease, from exposure to cold, from wet, and from great fatigue, just as from such causes inflammation of other serous membranes may arise.

But I have never yet seen peritonitis caused by perforating ulcer of the stomach, nor by perforating typhoid or scrofulous ulcer, nor by perforating ulcer of any of the urinary passages or bladder. I have never seen it from rupture of the gallbladder, or impaction of gallstones and ulceration and perforation of the common duct. I have never seen it from the bursting of hepatic or peri-nephritic, or any other abscesses into the peritoneum. Indeed, with the single exception of one exceedingly violent attack of peritonitis, which I once saw, from the accidental bursting of a distended ovarian sac, and the extravasation of its contents into the cavity, I never saw inflammation of the peritoneum caused by the pouring into its cavity of any of the diseased or healthy fluids of the living body—always excepting, of course, traumatic cases from penetrating wounds. Now there may be very little in all this of importance enough to relate it; and yet, with the almost uniform testimony of authors to these last as recognized and not infrequent causes of peritonitis, it struck me that my experience, or want of it, might be worth mentioning, and more especially for the sake of bringing out that of others. The second point of my experience concerning which I propose to speak has to do with pathological processes, and with the progress and course of some of the severe and alarming cases of general acute peritonitis, which survive the first work of the disease, to linger through a few

weeks more of suffering, and then die, or to make, through a long and tedious confinement, a more or less perfect recovery. It relates to the disposition made in some such cases of the effused products of inflammation, and instead of being at variance with books, may serve in some trifling degree to illustrate their teaching. We know that in such severe acute cases there is often immense effusion of turbid, flocculent, whey-like fluid, in which may usually be found flakes and soft masses of coagulated fibrin, in greater or less abundance; and that this yellow fibrinous deposit not only floats about to some extent loosely in the thin fluid, but also gravitates to dependent positions, and is found accumulated in the pelvis, and along the course of the spine, and especially in the folds and duplicatures of the mesentery. We know, too, that if such cases do not terminate early by death, such exudations cannot remain long without undergoing important change. We know, also, that if the patient is to recover, such change will *usually* consist of more or less rapid absorption of the effusions; first, absorption, perhaps rapidly, of the fluid portions, and then, much more slowly, of the solid.

But there are cases where the patient does not die early, and lingers on, in which this process of absorption either does not take place at all, or in which it may be hindered or arrested at any stage of its progress. In such cases as these it may happen, if no attempt at absorption has taken place, that the great and long continued pressure upon the weakened tissues may cause ulceration and perforation of the peritoneum at some portion or other of its surface, and allow the pouring forth of the accumulated effusion. Or, supposing the thin, more watery, portions to have been absorbed, and that the heavier and more solid remain, then these, through the formation of adhesions, or through agglutinations between coils of intestine, become limited and enclosed, *i.e.*, capsulated. In this manner are formed those hard, cake-like tumours which are sometimes felt in the abdomen after acute severe peritonitis has passed into the chronic stage; tumours which, in some of the various metamorphoses which they undergo, may suppurate, and at last, by a process of ulceration and perforation, find an exit for their contents. The possibility of this event, and its actual occurrence, are mentioned by most authors. Baudelacque, in his large work upon puerperal peritonitis, makes repeated allusion to it, and cites several instances from various sources. I have, however, supposed that it must be, after all, comparatively rare, and have alluded to the subject

to-night for the purpose of mentioning those instances of spontaneous ulcerative opening at the umbilicus, which have occurred under my observation in the course of peritonitis.

One of them was a puerperal case, and occurred many years ago. The patient was an Irish woman, and I cannot find any memoranda now of the case, though I kept some at the time. I remember that the inflammation did not come on until a week after confinement, that it was very severe, and that there was great distension of the abdomen. Perforation at the umbilicus took place as late as the third or fourth week of the disease, with escape of enormous quantities of turbid fluid and great masses of coagulated fibrin. The perforation remained open and the discharge continued; and the patient, after several weeks of great suffering, died, worn out by the continuous and exhausting discharge.

The second occurred in a patient upon whom I had performed the operation of ovariectomy. Severe local peritonitis followed the operation, and, after the wound had entirely healed, an extensive induration remained in the lower part of the abdomen. This at last grew soft; symptoms of fever and great irritation set in; and finally the umbilicus grew puffy and distended, and gave way, with great discharge of thin, purulent and offensive fluid. The resulting sinus, and the difficulty of keeping it open, which led to frequent closures with retention of pus, and many attacks of fever and pain, made the case a very annoying one for months, but the patient ultimately made a complete recovery.

A third and very remarkable instance occurred in a patient of Dr. Francis, while temporarily under my care during Dr. Francis' absence. The case began as one of acute general peritonitis, and, passing on to a very distressing chronic form, developed in a most marked degree the characteristics of capsulated solid effusions. Ultimately, (I hardly remember at precisely what period of the disease) a spontaneous opening occurred at the umbilicus, giving exit for a large amount of exceedingly offensive, thin, purulent fluid. The whole progress of the case was marked by unusually interesting features, and ended in apparently complete recovery. I have no doubt Dr. Francis will give us a much fuller account of it. I only mention it myself from the accidental circumstance of my attendance at the time the perforation occurred.

A third point of personal experience to which I would allude is, that the symptom of stercoraceous vomiting, even when long continued, is not necessa-

rily a fatal one. I have seen two instances in acute diffuse peritonitis where this symptom was present and constant, with hiccup, for several days, and yet the patient recovered.

One was a patient upon whom I had operated for strangulated hernia. The peritonitis which followed was general and very severe. There was great distension of the abdomen, copious discharge of fluids and flakes of lymph from the wound, constant vomiting, which at an early stage became stercoraceous, and hiccup, and yet the patient, who was an insane man, at last recovered. The other was a very remarkable case of a young lady who was under the care of Dr. Bull, and whose case will undoubtedly be reported by him.

I confess that I do not understand the mechanical or the vital conditions which give rise to this loathsome and terrible symptom, but as ileus is so exceedingly apt to be regarded as pathognomonic of some intestinal obstruction, the recovery of two such cases seem to me worthy of mention.

A fourth and last point of experience and observation to which I wish to allude relates to the value of calomel in the treatment of peritonitis. When I commenced the practice of medicine I was very strongly prejudiced against the use of mercury in any form, or in any disease, and especially in the treatment of peritonitis, for there was then a prevalent idea, in New England at least, that mercurials were unnecessary and hurtful in the disease, and that the true treatment was by large doses of opium, with a view to arresting entirely the peristaltic action of the intestines. This treatment of peritonitis was claimed as a sort of discovery for Dr. H. H. Childs of Pittsfield, and I remember to have heard him extolled as a benefactor for having discovered its merit, and taught it to his pupils. Nevertheless the text-book of Theory and Practice used then in the Boston schools was Watson, and I have the substance of that delightful book, if not the literal text, almost by heart. Now Dr. Watson's injunction was to "obtain in these cases, as speedily as possible, the specific effect of mercury upon the system, by calomel and opium or by inunction."

With such diverse instruction and ideas upon the subject I came to one of my first important cases of peritonitis; important, I mean, not simply as a case of disease, but important as to the character and social position of my patient, and so, as I then thought, important in its influence upon my fortunes. I was then in Sterling, and this occurred at least twenty-five years ago. My patient was a young

married lady, of previously excellent health; she had taken a long, cold ride over rough roads on an evening in the spring: had passed a sleepless night, with much abdominal pain; and had had a rigor in the morning before I saw her. Without going into full description of all her symptoms it is enough to say that I recognized acute general peritonitis, and that, of course, I felt the case to be one of great importance. I treated her by leeches and hot fomentations and aimed to control the pain, and arrest peristaltic action, by large opiates. The acute and urgent symptoms lasted something over a week, when my patient began to improve, and, as I at first hoped, to get well. But she did not get well; there seemed to be an arrest in the progress toward recovery. The acute symptoms passed away, but the bowels remained hard, distended, and tympanitic. They were tender to pressure, and any jar or commotion gave pain. Digestion was impaired. There was constipation. The patient was a confirmed invalid, and passed a most uncomfortable summer, confined entirely to her house. Altogether, the result of her case was a disappointment and mortification to me.

Late in the autumn of this same year this patient was seized, without obvious exciting cause, with a second very severe acute attack. My first treatment of the case had been so unsatisfactory that I now determined to follow Dr. Watson's advice, and bring her under the influence of mercurials; and for that purpose I simply added small doses of calomel to the opium and other remedies I had used before. In two or three days her gums began to grow tender, and there was a little fetor of the breath. The calomel was immediately suspended; but, simultaneously with the appearance of the slight specific effect of the calomel, a marked improvement in all the symptoms, both local and general, was manifest. From that moment recovery steadily and rapidly progressed, until it was complete. My patient has been ever since a healthy and vigorous woman; and I cannot doubt that she owes much of her recovery to the mercurial.

I need not say that this experience made a great impression upon my mind; and I know that it has had a great influence upon my practice. I have since that over and over again had the impression thus made confirmed, and seen both general and local peritonitis, when acute and alarming, yield, and begin to improve, under gentle mercurialization. Of the certainty of this I am as fully convinced as I am of the truth of any demonstrated clinical

proposition. I know, of course, that my experience may have misled me, and that I may have misapprehended its teachings, but, as results now stand, I can accept no other conclusion. In what way, by what modification of vital processes, mercury causes the great change and improvement I have so often seen in such cases I confess that I do not know. I only know the fact.

A word of caution as to the use of calomel. I do not use it indiscriminately in every case of known or suspected peritonitis. I would not have it employed except the case were urgent and obstinate (perhaps I might add dangerous). I would never allow it to be pushed beyond a very gentle impression; and to make this certain I would have its exhibition very closely watched. Used with prudence it does no harm, and is capable of doing great good. I have never seen anything but a slight tenderness of the gums and very moderate fetor of the breath, as I have used it. Never anything like a salivation.

I have never used it in any acute inflammatory disease but peritonitis.

Valedictory Address to the Graduates in Medicine, delivered at the Eighth Annual Convocation of the Medical Faculty of the University of Bishop's College, Montreal, April 16, 1879. By GEORGE WILKINS, M.D., M.R.C.S. Eng., Professor of Pathology and Lecturer on Practical Physiology and Histology.

Mr. Vice-Chancellor, Ladies and Gentlemen:—

GENTLEMEN, GRADUATES IN MEDICINE,—The very pleasing duty of addressing a few parting words to you on behalf of your teachers has this year devolved upon me—pleasing, not at parting with you, but that you should be successful in so honorably obtaining the much coveted diploma that each of you now possess—pleasing, also, that the fair fame of Bishop's University is certain to be held in still higher esteem by the representatives it sends forth to-day, for you must remember your Alma Mater's success is co-existent, and to a great extent dependent, on your success.

The History of Nations may be read in the lives of a few of the more prominent individuals of that particular nation; so in after years will the History of Bishop's University be inseparable from that of its Alumni. To-day, you, gentlemen, begin one chapter in that history; to-day, you commence your battle with the world, and in doing so you under-

take responsibilities the nature of which time only will reveal to you. Heretofore you had the guidance of your professors to direct your thoughts, but for the future you will have to rely altogether on your own judgment. It has been our endeavor to impart instruction to you of such a nature and in such a manner as may best fit you for the noble pursuit you have chosen. The subject of your past studies is one about which you need have no misgivings—Man, the noblest of God's creation. No nobler, no more benevolent mission can engross the mind of man than that upon which you now practically enter. You go forth armed with that knowledge which, judiciously used, will enable you to protect and prolong life. Your duties will be, not only to alleviate human suffering, but also to endeavor to find out the causes of the many preventive diseases and to direct measures for their suppression. You will thus be enabled to prevent what you might be powerless to cure.

Formerly the term "healing art" embodied the whole of our duties as physicians, but now-a-days the science of medicine embraces a much wider sphere. It is no longer simply an art directed to the alleviation or cure of human suffering—that is only a part of our duties. A very great proportion of this suffering can be prevented. It is estimated that about 75,000 or 80,000 people die every day, of whom at least 20,000 die from preventable diseases. In this city alone, quite 1,500 people die every year from causes that are remediable. It is impossible to separate your powers from your responsibilities. Constantly bear in mind the grave nature of your duties, and, if you do, I feel satisfied you will be animated by an honest determination to discharge them. It will not be sufficient that you bring to your patients your intellect only—your heart must be in the work.

Love of truth, love of duty for its own sake, with the self-denial, the patience, the moral intrepidity they involve, sufficed in times past to carry men of even moderate abilities to scientific eminence and professional usefulness, though the path was by no means so straight, by no means so level, as now; but if these qualities should be lacking in any of you, not all the facilities which modern science can devise will raise you above mediocrity. Of course you cannot all be first. Illustrious talents, like illustrious birth, are the property of the few. There are giants in intellect as there are giants in stature and strength, but any young man, possessed of ordinary faculties, exercised with vigilance and in an honest, indepen-

dent, inquiring spirit, is certain of some measure of success.

It will be absolutely necessary that you should not consider your student days are ended, for really they are not. They can cease only when you retire from your professional practice, and, judging from the past history of our profession, I do not think many of you will do that until you "shuffle off this mortal coil."

Our profession is so markedly progressive, in such a constant state of rapid transition and development, that if you would advance your art, or even keep level with the age, you must be open to receive knowledge by every avenue: discard no therapeutical suggestion as too chemical; ignore no pathological inquiry, however minute and apparently impractical, which may throw light on the nature of disease; do not despise as new-fangled or superfine any appliance which may help to make diagnosis exact.

Medicine, like many other professional paths of life, possesses its quicksands. Those against which I now especially warn you are "efforts of Nature," "expectant medicine" and "alcohol." To the different types or races of men nature is beneficent, but to the individual she is merciless, and it is with the individual that the physician has to do. Will the mother resign to the grave her cross-grained deformed first born because it would be better for the race, nay, better for her own immediate kin, that the family should be continued by his younger brother? Many a cumberer of the ground, when laid on a sick bed, feels that, so far from his being missed, his place will be more worthily filled up, after sundry efforts of Nature for the good of mankind have been successful, yet he elects to stay. Many a patient knows that science would be immensely enlightened by a sight of his remains, but he had rather not. Before we assist efforts of Nature we must have evidence that their end is not our extinction, not a capital punishment for neglecting to use our reason. However well intentioned, Nature is not always beneficent, and it is fortunate that we can sometimes cut short or change the tenor of her performances. Timely digitalis may give a new lease of life to the owner of a damaged valve—timely administration of salycilic acid may save the valve; so that, in very many ailments, instead of assisting Nature in her not very amiable endeavours, you will deliberately discountenance her.

"Expectant Medicine" is simply a disbelief in the utility of all interference. A young practitioner hears his elders point out the harm done by some

previously popular treatment, but he fails to understand what is substituted for it, so, knowing that a certain percentage of his patients will recover if he does nothing, he might possibly be tempted to pursue that course. Before you attempt to put into practice such a line of treatment, or rather non-treatment, reflect, for possibly the very case you are then called upon to treat may be the one which makes a difference in the per centage, which, naturally fatal, may be healed by art.

Alcohol, one of the most powerful therapeutical remedies that we possess, is one that, perhaps more than any other, requires the soundest judgment and greatest caution in its administration, not alone for the physical effects, but also for the moral influence it may exert on the future welfare of your patient. As you have been fully instructed when you should administer it and when you should refrain from doing so, I will merely suggest to you never to prescribe it without the most careful consideration.

You will hear over and over again from some of your patients or friends, advanced in years, that diseases are not the same now as they used to be, that they are changed in type, and you will hear a very great deal about difference in treatment then and now. Some twenty-five or thirty years ago it was no unusual thing to read the medical history of some cases, thus: A. B. caught fever, gave him calomel, bled him, blistered him, died on the third day. It has been suggested that fevers, especially, are not what they were; and that, though we are probably right in the way we deal with them, yet our forefathers might have been right, too, in adopting an opposite line of treatment. It had been supposed by many that we Britons are more puny and faint-hearted than of yore, and that an increasingly vitiated progeny is yearly brought into the world, which is less and less able to bear either the disease or the remedy. All trustworthy records show this to be incorrect. Measurements of ancient armour and clothes show that we are bigger; measurements of athletic feats show that we are stronger; the profits of Insurance Companies show that we are longer lived; the diminished ravages of epidemics show that we resist disease better than our ancestors. The most complete answer to these change of type theorists is afforded by the fact elicited by statisticians that in reality our forefathers did not have their lives prolonged by the antiphlogistic discipline. They stood it just as we would stand it, but such good recoveries as we make now they did not make. The change of type is in the doctor, not in the

disease or patient; and we believe the change to consist in our truer insight into the nature of that living body with which we have to deal. And this truer insight we would attribute to the general diffusion of studies to which you have devoted your time, and which at first glance may seem to have had no bearing upon the matter in hand. These studies you should still continue to pursue, and you also should earnestly endeavor, by accurate observation and careful investigation, to add something, be it never so simple, to what is already known in relation to the science of medicine.

Now, gentlemen, a very important question, and one that naturally suggests itself to your mind is: What are my prospects of getting on in life? In answer to that you have but to read the history of the lives of eminent physicians. Who are the successful men of the present day? Almost without exception they are the hard-working men. I say "almost" because it is quite true that many a man to whom Nature has been sparing in her intellectual endowments will succeed, as far as the eyes of the general public are concerned, provided he be gifted with a plausible manner. But the really successful man, who is esteemed alike by his confrères and his patients, is the man who laid the foundation of his success in early and continued hard work. This hard work must be begun with the poor. It is with them you must first make a reputation, and to do that you will require to be particularly careful how you comport yourself at the bedside. They may or may not have an opinion as to your knowledge of disease, but will judge of you by your look, whether intelligent or vacant; by your obvious perception or non-perception of the "position" of matters, and not the least by the use you make of your hands, whether in feeling the pulse, in practising percussion, in determining the posture of a limb, or in applying a splint or bandage. Confidence is more certainly inspired in a patient by skill in these details than by external reputation or high social connection.

You must not expect that success and eminence can be gained at once, nor be disappointed if you do not immediately attain them. You must give proof that you possess both skill and learning. Those of you especially who intend to commence city practice, in the early part of your professional career, will meet with a great deal of misery and poverty. You will frequently be compelled to listen to the complaints of worn and listless women you will be called upon to soothe the cough

querulous old age; you may have to set the broken leg of a drunken brawler. Over and over again you will be called to the beds of those who have never known goodness, have never learned gratitude. You will also receive showers of blessings and praises from some to whom you have been instrumental in affording relief. You must not be disappointed if your experience occasionally should be that so aptly described by Pope, who says:

God and the doctor we alike adore,
Just on the brink of danger—not before;
The danger past, both are alike requited,
God is forgotten and the doctor slighted.

Notwithstanding this you must bring with you to your patients, not only knowledge and dexterity, but also words of comfort for the sorrowful; peace, if not healing, to the afflicted. Though you may have the intellect of a god, without compassion all will be foolishness.

Although by your attention to this class of practice you may not reap an immediate reward in the shape of dollars, that will surely come eventually; for the present you must be satisfied by saying, with Byron:

'Tis sweet to know there is an eye will mark our coming,
And look brighter when we come.

As I mentioned a few moments ago, you must expect some struggling at first, but, when you get fairly started in practice, you will never regret your choice of profession; with your better class of patients you will meet with so much of real genuine gratitude as will amply repay your early struggles.

In a few days you, who have been seated side by side, and toiled together for so many weary months, will be separated far and wide; some of you hundreds of miles away, yet Bishop's University will have a watchful eye on each and every one of you. Some of your former fellow-students, although thousands of miles from here, are remembered as of yesterday. China, the Western Tropics, the neighboring Republic, our own vast Dominion, east and west, have all of them able and successful representatives of the Medical Faculty of this University, of whom we are justly proud. We hope and trust that you may be equally successful.

Our earnest prayer is that you may be true to yourself, because, in order to be that, you must be true to your patients, true to your *Alma Mater*, and, above all, true to your God.

Gentlemen,—Adieu.

Whooping-Cough treated by Quinine. By FRANCIS WAYLAND CAMPBELL, M.A., M.D., L. R.C.P. Lond., Professor of Physiology in the University of Bishop's College.

Read before the Medico-Chirurgical Society of Montreal, April 18th, 1879.

It will, I think, be very generally admitted by the members of this Society that hitherto the treatment of whooping-cough has not only been unsatisfactory in its results, but that a very large number of cases are not subjected to any kind of medicinal treatment. This latter circumstance is due, in my opinion, to the fact that, owing to the want of success which the Profession have had in the use of drugs recommended, they have lost faith in their power to cure the disease. So universal is this loss of faith, that it has been communicated to the general public, and the result has been that, in a large percentage of cases of whooping-cough, the family practitioner is not consulted. The parents are satisfied to try home remedies, or to take their children to the gas house, or, perchance, believing that time alone is capable of curing the disease, they are satisfied to allow the little sufferers to "cough it out." Notwithstanding this meagre or "do-nothing treatment," the majority pull through, but it must be admitted that some delicate ones fall by the wayside. I am of opinion some of these lives might have been saved, even by the use of the methods of treatment recommended by our standard authors. I am still more strongly of opinion that nearly all of them might have been saved had the treatment which I desire this evening to bring before your notice been adopted. I do not think I am very far astray when I make the assertion, that in eight cases out of ten, when a Medical man is called in to see a case of whooping-cough, when he has satisfied himself of the nature of the disease, he feels that his duty is performed by his prescribing some expectorant mixture, and telling the parents that in all probability the disease will run its course in two, three or four months. He does not return to visit his patient, and he perhaps never knows the days, the hours of torture, which the parents experience by the constantly recurring "*whoop*," so distressing alike to them and to the child. I may be wrong in this assertion; what I have just stated may be the exception and not the rule. It is my opinion, nevertheless, and it

certainly is the plan which I confess to have adopted in the great majority of cases of whooping-cough which have occurred in my practice up to some three or four months ago. My attention was, however, very strongly directed to this subject, early in February last, by my youngest son, aged three years and a half, being attacked with the disease. The whoop was so terrible and so distressing, that I turned over in my mind all the various plans of treatment, and have to confess that the outlook for a quick termination of it by any of them was not bright.

It however occurred to me, that somewhere I had read of the very successful results obtained by the use of quinine in arresting the "whoop." As it is this which renders the disease so distressing, I thought that if I was able to cut it short, I was able to rob it of more, far more, than half its terrors. I accordingly looked up the subject and found in the *Canada Medical Record* of July, 1873, an article by Dr. Dawson, Clinical Lecturer on Diseases of Children in the Medical Faculty of the University of New York, copied from the *American Journal of Obstetrics*, on whooping-cough treated by quinine. This article induced me to put my child upon quinine, and the result on him and in other cases in which I have tried it, I will give at the close of this paper. So far as I am able to gather, Professor Binz, of the University of Bonn, was the first to direct attention to this remedy in whooping-cough. In 1870 he published a paper in which he stated that in his hands it had accomplished valuable results. Considering whooping-cough to be a neurosis of the pneumogastric nerve, caused by infections and irritating mucus that has accumulated in the larynx and pharynx, and having found by experiments that quinine destroyed, even when highly diluted, all structures found in normal mucus, he supposed that the mucus of pertussis would be affected in a similar manner by quinine. In this, he says, he was not disappointed. At his clinic he said: "I have for the past two years treated all cases of pertussis, without any exception, with quinine. The best proof of its good effects is seen in the fact that those in charge of the little patients call repeatedly for the bitter medicine, whenever, either by force or by coaxing, they have succeeded in administering it to them. There was the most striking difference to be seen in those whom it was im-

possible by any means to get swallow the quinine. In these cases the whooping-cough assumed its regular obstinate course. In the others, although living under perfectly similar circumstances, the paroxysms were always reduced in frequency and severity." The assumption that pertussis is a specific local catarrh, caused by a fixed contagion admitted from without, Professor Binz thinks admits of being explained by adults being almost exempt from it. He says, "the stronger development of the epithelium may be regarded as a protection against the affection of the mucus membrane. In the *American Journal of Medical Science*, 1871, Dr. Letzerich, of Germany, advances a theory as regards pertussis, which, if correct, would indicate the administration of quinine. In this paper he says he has in this disease discovered a form of fungoid growth, which vegetates in the epithelium of the air passages, and, by its irritation, causes the convulsive attacks of coughing. The expectorated mucus of patients suffering from pertussis he says contains masses of brownish red spores, with occasional threads of mycelium, which, in the latter stages of the disease, become very abundant. These observations were made on rabbits into whose trachea he introduced the fungus. In a short time they became affected with a noisy and violent cough, in fact, genuine whooping-cough. The rabbits thus affected were killed and examined, and their air passages were found to contain the same fungus, as that found in the sputa of human subjects, in fact the mucus presented precisely the same appearance." This theory of Dr. Letzerich tends to strengthen belief in the quinine treatment, for if the fungus theory is the correct one, then quinine, with its destructive effect on fungoid matter, is certainly a scientific remedy. Another advocate for the use of quinine is Dr. Breidenbach, an abstract of whose paper appeared in the *London Practitioner* of February, 1871. He used the drug in a violent epidemic of pertussis in 1870. In all pure cases he states that its effects were really surprising. No other remedy was used, and in the very worst cases, he says, the violence and the frequency of the paroxysms diminished after the medicine had been given for forty-eight hours.

Dr. Dawson, in his paper, publishes eight cases where he treated the disease by quinine, and

with results not only satisfactory in all, but astonishing in some. He says: "If the fungus theory of Dr. Letzerich be the correct explanation of pertussis, we can readily account for the destructive influence of quinine on fungoid development. Consequently its power consists in removing the cause of local irritation which gives rise to the reflex phenomena, evidenced by the whooping. For my own part I accept it, and consider pertussis an affection of the mucous membrane of the pharynx and larynx, and the "whooping" as simply reflex. The fact that almost all the remedies given for other than their local effects have either signally failed, or but partially succeeded, strengthens this hypothesis. Nevertheless I do not attribute the rapid cure effected by quinine to the simple destruction of the fungus, but also to its nauseating, bitter taste. In every case of pertussis there is an abnormal secretion of thick tenacious mucus from the mucous membrane of the pharynx (whether this secretion is due to simple catarrhal or reflex hyperæmia, or to fungoid development, it matters not) which may or may not excite a paroxysm of whooping, but which certainly aggravates and prolongs the latter, as may be proved by the fact that the paroxysms invariably cease the moment this mucus is removed, either by the coughing, vomiting or the finger. Now the effect of a small amount of a solution of quinine, when taken into the mouth and swallowed, is instantly, from its bitter and nauseating taste, to excite a free secretion of thin mucus from the buccal mucous membrane and the salivary glands, and this softens and renders easy of dislodgment the tenacious mucus referred to. The frequent repetitions of the quinine, therefore, keeps up this free secretion, and thus prevents the mucus from becoming tenacious and difficult of dislodgment. At each act of coughing, therefore, the accumulated mucus is readily loosened and expectorated, and unobstructed inspiration obtained. The rapid loosening of the cough, the briefness of the attacks, in comparison with those previous to the administration of the quinine, and the easy expectoration, certainly tend to favor the correctness of this theory. All the physicians whom I have named as advocating the quinine treatment agree as to the method of administration which must be followed to obtain successful results.

They may be enumerated under the following heads:—

1. Give the quinine (sulphate or hydrochlorate) dissolved by acid in pure water. For children under three years, from gr. v. to gr. viii., and for older children and adults, from gr. x to gr. (xl) to the ounce of water.

2. Give not less than one teaspoonful every single, or, at longest, every two hours during the day, and several times during the night.

3. Give nothing afterward for some minutes to destroy the taste or wash out the mouth.

4. Continue to give it although the first dose may be vomited.

5. Be sure that the quinine is pure, and that it is thoroughly dissolved.

With these remarks, Mr. President, I will give briefly the report of nine cases of whooping cough treated by quinine.

CASE I. F. W. C., aged three and a half years, had a severe harsh cough since about January 20, 1879.

Feb. 3.—To-day the true character of the disease manifested itself; whooped several times during the day. 9 p.m.—Had a very severe spasm; being in the house, I was a witness of it; thought he would have strangled. 10.15 p.m.—Another severe paroxysm, whoop most distinct; during the night had several paroxysms.

Feb. 4.—At 9 a.m. got his first dose, one teaspoonful of the following mixture: \mathcal{R} Quinine sulphate, gr. xl.; acid sulph. dil. gtt. xxxii.; aq. $\frac{5}{8}$ iv. It was almost immediately vomited. At 11 a.m. got his second dose, which was retained. 10 p.m.—Has had the dose regularly every two hours. Takes it readily. Has had several paroxysms, but it is believed that already they have decreased in severity.

Feb. 5.—Passed a much better night; only whooped twice, and decidedly less severe; vomited freely each time. 10 p.m.—Has coughed several times during the day, but has had but little whoop.

Feb. 6.—Passed an excellent night; only one distinct whoop, although he coughed several times. 11 p.m.—Although he coughed at times during the day, there was no sign of a whoop till an hour after he retired, when he woke up in a spasm, when there was a fairly marked "whoop." From this date up to the 25th of February the cough gradually improved, and only once in the twenty-four hours had it a

"whoop," and the paroxysm was mild, compared with those on the first day of the disease, but it recurred each night, about an hour after he had gone to bed, and this with singular regularity. On the 27th of February the report reads as follows: "No cough of any kind since night of 25th. From this up to about the 6th of March, one or two slight paroxysms with 'whoop' are noted. From the 6th March up to the 26th of March only one or two very slight whoops are recorded, although the cough seemed for several days to be slightly worse." From the 26th March to 1st April the report says: "but very little cough and no whoop; patient has steadily taken the quinine almost every two hours during the day since February 4; his appetite and spirits ever since he began it have improved and he has gained in flesh."

April 15.—Cough has entirely disappeared, and he has not had a whoop since some days anterior to 26th March. I consider that this little patient had the terribly distressing symptom of the disease relieved within forty-eight hours of commencing the quinine, and, to all intents, the disease was cured within three weeks.

CASE II. The infant child of T. B., aged 1½, residence at 131 Fulford street. Came under my care for whooping-cough January 31, 1879; had been whooping for a week before sending for me; placed it on a mixture of squills, ipecac, fld. ext. of belladonna and bromide of potash. On the 4th February was sent for in haste as the child was choking, but, being out, by the time I got there the child was better. On the 5th February, at 9 p.m., I was again sent for, and, as my sleigh was at the door and I was just stepping into it, a very few moments sufficed to place me at the side of the child. The attack is described as being so severe that for a period of at least several minutes they could not tell whether he was alive or not, and, as the family are intelligent and cool, I think some dependence can be placed on the statement. That it was a very severe paroxysm, the condition of the child on my arrival gave evidence; the face showed large numbers of small purplish spots due to ruptured vessels, and the child, usually bright, was dull and listless. The cough and whoop had now for several days been almost incessant, certainly two or three every hour. I accordingly placed the child on the quinine

treatment, and it was commenced the following morning. Within twenty-four hours of its commencement an improvement was noticeable, and in a week the whoop was all but gone, and the child slept most comfortably the whole night. Before the third week was ended the whoop was entirely gone, and in five weeks the report says the child has made a splendid recovery, being now perfectly well; no sign of a cough; appetite excellent, and is rapidly gaining flesh. In speaking to the parents of the effects of the bitter mixture on the disease, they call it "the wonderful medicine."

CASES III, IV and V. Three children, aged 4 years, 2½ years and 10 months, of R. C. S., residing in Chomedy street, came under my care on the 2nd of February, suffering from whooping cough. I placed them on an ordinary expectorant mixture, which was continued for a week without any beneficial results. On February 9 I placed them all on the quinine treatment. The effect was very prompt on the two eldest; was all that could be desired. Within a few days the "whoop" almost disappeared, and within three weeks was entirely gone. In six weeks the report says: "Both are perfectly well." The baby proved a more obstinate case, as it was, at first, all but impossible to get it to swallow the medicine, much being lost in the struggle. So soon, however, as it all was swallowed, its effect was at once apparent. In a month the whoop, which for a week before had been very slight, was gone. The cough, however, was more obstinate, and it did not disappear entirely till the first week in April. This family used about an ounce of quinine.

CASE VI. A. S., aged 10 years, daughter of J. S., 237 University street, came under my care February 7, for a dry cough which had bothered her for a week or ten days. An ordinary cough mixture gave no relief, and on February 17 the disease was manifestly whooping-cough. Put her on the quinine treatment, and the benefit was decided within three days. In eight or ten days the whoop disappeared entirely, and in a month she was perfectly well and able to resume her school duties.

CASES VII and VIII. J. M. and A. M., aged 2½ years and 6 months, children of J. M., 64 City Councillor street, came under my care, January 26, for whooping-cough. Placed them on an ordinary expectorant with belladonna

added. This was continued till February 8, when the disease was decidedly worse, the "whoop" in the youngest being particularly distressing. On that date placed both on the quinine treatment, and on visiting them the next day the mother assured me they were better, the cough was looser, and the paroxysms had not been so frequent during the night. I mention this to show the prompt action of the quinine on both these little patients. By the end of February the "whoop" was quite gone, although the cough was still present to some extent. By the middle of March, report says, "both patients perfectly well."

CASE IX. W. B., aged 6 months, child of W. B., 577 St. Dominique street, was prescribed for by me, February 19, for whooping-cough; ordered a $\frac{1}{2}$ gr. of quinine every two hours. The paroxysms of coughing and the whoop were most distressing in this case, the face and head becoming almost black during the attacks, while the prostration was very great. The child did not nurse well, and was losing flesh rapidly. The mother of this child reports that within four days from commencing the quinine, the improvement was so marked as to be noticeable to every one in the house; that the improvement was steady and rapid, and that in the commencement of March she considered it so well that she gave up the quinine, and within two days the cough and whoop returned as badly as ever. She at once began the quinine again, and in a few days both had disappeared, and by the end of March the child was perfectly well.

This, gentlemen, is briefly the history of nine cases of whooping-cough, which have been under my care since January last, and, I think that with the results I have more than reason to be satisfied. It will be noticed that the "whoop" was relieved in about a couple of days, and cured in a very short time; the cough in all the cases lasting some time after the whooping ceased. To be able to relieve so early in the disease that symptom which is the most distressing is, in my opinion, doing much to remove from it one of its great terrors, not alone to the child, but to those whose feelings suffer at seeing the struggles which the child makes in its efforts to get breath. Considering that no less than four papers on this subject have appeared during the past eight years, it is

a somewhat singular fact that the only work in which I find it even mentioned is in the last edition of *Flint's Practice of Medicine*, and in this it is simply enumerated among the remedies which have been recommended. I strongly recommend a trial of this method of treatment to the members of this Society.

Progress of Medical Science.

THE TREATMENT OF CONVULSIONS IN CHILDREN.

M. Archambault has recently delivered some lectures on the subject of convulsions in children at the Hôpital des Enfants Maladies, which are reported in *Le Progrès Médical*, Nos. 29, 30 and 31, 1878. He considers fully the various causes and nature of convulsive attacks in children, and then proceeds to give an account of the various agents which are in use for their prevention or relief. It is needless to reproduce here his views as to the nature of convulsions and their usual course. His views coincide, in the main, with those of West, Smith and other writers on this subject. He urges that in every case the cause should be sought for, and, if possible, removed; and then goes on to consider the means which have been proposed to arrest the convulsions, and to calm the excessive irritability of the spinal cord.

General bleeding he considers very rarely advisable—only in those cases where the pulse is very strong and the face very much congested. Blood should never be drawn from the arm in very young children. M. A. states that he has never practised general blood-letting for convulsions in children—except in cases of nephritis, either primary or consecutive to scarlet fever. In these cases, the bleeding is directed rather against the cause of the convulsions than the convulsions themselves. Wet cups placed over the region of the kidneys are advisable under similar circumstances. Leeches are often advisable in robust infants who have evident symptoms of congestion about the head. One or two leeches, according to the age of the child, may be placed back of the ears, and a sufficient quantity of blood withdrawn. It has also been proposed to place the leeches on the malleoli or anus. The withdrawal of blood in some of these ways is generally indicated in cases of acute meningitis or an acute affection of the spinal cord.

Compression of the carotid was considered by Trousseau a valuable means of arresting convulsions. M. A. says that he has never had any success with this method himself, nor has he ever seen it act better in the hands of others, but successful results have been published.

Chloroform is certainly the most active agent we possess for allaying the convulsions when

they are of the character commonly known as essential—that is, when they are due to the influence of a very slight cause acting on a very impressionable nervous system. It is especially recommended in those cases where the convulsions cannot be traced to any cerebral affection, to fever or to violent indigestion. It is generally prescribed in those cases where the convulsions are due to the causes just enumerated, but M. Archambault thinks that it would do no harm even in those cases. He states that he has often employed this agent (by inhalation, of course) in scarlatinal albuminuria to allay the convulsions, while, at the same, he used other means to remove the cause. Chloroform should always be administered by the physician himself or by some skilled assistant.

Derivatives, M. A. thinks, are of doubtful efficacy, and the stronger ones, such as mustard plasters, especially blisters, may do serious harm by causing nervous irritation. The milder remedies of this class, such as cloths wrung out of warm water, he thinks may sometimes be of service.

The agents thus far mentioned are those used chiefly during the attack in order to cut it short or lessen the violence. There are other remedies, however, which are given in the interval, as well as during the attack, in order to allay the excitability of the nervous system.

Hydrate of Chloral may be given during the attack if it can be swallowed, but it is used much more in the intervals in order to prevent the paroxysms. It should be given every three or four hours in syrup in such cases that from 0.30 to 0.60 centigrammes will be taken in the twenty-four hours. This dose is for a child a year old. To older children a little larger quantity can be given. [This dose is smaller than that usually given to children in this country.—W. C. D.]

Bromide of potassium may be given in the intervals of the attacks in the dose of one gramme in the course of twenty-four hours for a child three years old. It should be given in divided doses every 3 or 4 hours. M. A. thinks there is no doubt about the depressing effects of bromide of potassium, and this should be kept in view when it is prescribed.

Oxide of zinc he considers a useful antispasmodic, but inferior to bromide of potassium.

Musk is a popular remedy in England, especially when there is a tendency to spasm of the glottis. It has a marked effect, but is slow in its action. From 0.15 to 0.20, or even 0.50 centigrammes, may be given at a dose to a child four or five years old.

Tincture of amber is an antispasmodic of some value in the dose of from ten to forty drops.

In certain cases, especially of malignant scarlet fever, cold has proved a very valuable reme-

dy. Its *modus operandi* is doubtless by withdrawing heat, which is well known to be a nervous excitant.

PRURITUS VULVÆ TREATED WITH SULPHUROUS ACID.

By EDWARD B. STEVENS, M.D., LEBANON, OHIO.

I was recently consulted by a lady complaining as follows: Severe pruritus of the labial surfaces, extending to the external genitals, with an erysipelatous rash covering these surfaces, and at the same time an abundant leucorrhœal discharge. She had applied a variety of lotions to the itching, burning parts without avail:—the leucorrhœa had been of some time standing; general health, good; supposes herself approaching the menopause, age 46.

Upon examination found an erysipelatous rash covering the labia and flaming up over the pubic region towards the lower surface of the abdomen; it was angry-looking and eczematous, with a watery exudation; on introducing the speculum found the rash occupying the labial surfaces and extending up over the outlet of the vagina. The superior portion of the vagina and cervix of the uterus were perfectly healthy in appearance, whereas I had expected to find abrasion of the os, or some condition of chronic inflammation as the reason for the leucorrhœal discharge. Instead, I found the red point of a small mucous polypus about the size of a large pea showing itself at the os. I had no difficulty in grasping the pedicle of this small polypus with slender forceps and snipping it off with curved scissors. I suppose the polypus was the irritant that produced the leucorrhœa—and, as I expected, its removal almost entirely arrested the discharge.

For the pruritus and burning, I directed the parts to be freely bathed with sulphurous acid in full strength. The result was a prompt and entire relief. Subsequently there was a partial return for several times of the rash and pruritus, but always completely and promptly relieved, as at first, by the free application of the sulphurous acid.

My attention was called to the efficacy of sulphurous acid in kindred cutaneous troubles by a paper read a year ago to the American Dermatological Association by Dr. L. D. Bulkley, of New York. He regards the group of cases he described in that paper as not only eczematous, but as having a parasitic origin, which he found to be uniformly corrected by the application of this acid.

Shortly before the present case came into my care, a lady applied to me with eczema of the face and neck, that, under the care of one of my most intelligent medical friends, had resisted all reasonable treatment, constitutional and local, for many months. Dr. Bulkley's cases

being fresh in my mind I laid aside all constitutional remedies, and directed the parts to be freely bathed with sulphurous acid, full strength, with the effect to afford perfect and, as Bulkley expresses it—"exquisite relief." The acid was re-applied from time to time as the itching recurred, and the cure is now complete, the skin having lost its scaly condition and become as smooth as an infant's.

Some writers direct the application of sulphurous acid variously diluted—as with water or glycerine. My experience, in a few cases only, agrees with that of Dr. Bulkley, that there is no necessity to dilute the acid even for very delicate surfaces. I therefore direct the acid to be kept closely stopped, in bulk—and the patient to have an ounce, ground glass stopper vial, which is kept supplied from the larger bottle for use; due care being observed to avoid, as far as possible, atmospheric influence upon the acid. I advise the parts affected to be well saturated whenever the itching calls attention to the disease.

Pruritus vulvæ is frequently an obstinate affection, but I have hitherto found cases which were evidently eczematous, and my experience in the foregoing case is given simply as affording an additional rational therapeutic remedy, especially when the pruritus is associated with this condition of parts.—*Obstet. Gaz.*, Oct., 1878.

MILK AND DIPHTHERIA.

Last year there was an epidemic of diphtheria in the northern part of London, which caused great consternation, and led the local government board to institute a thorough investigation of the causes of the outbreak. The results of the inquiry, begun more than seven months ago, have just been officially published, and are of more than ordinary interest. Mr. W. H. Power, the medical officer of the board, has proved beyond the possibility of a doubt that the exciting cause of nearly all of the 264 cases and 38 deaths from the disease was not sewer gas, as at first supposed, but *milk*, and milk supplied by a particular dealer. We cannot take space to give in detail the evidence on this point. Suffice it to say, that the distribution of the disease coincides so exactly with that of the milk that the connection between the two seems perfectly clear; and a variety of minute circumstances tend remarkably to confirm this view. It should be stated, moreover, that Mr. Power was at first inclined to regard such an explanation as highly improbable, but was finally driven to adopt it by the facts in the case.

Now this is itself a startling and important discovery. Hitherto no conclusive evidence has been adduced of diphtheria being disseminated by the agency of milk, as in the case of scarlet or enteric fever, and all that previous research has justified us in affirming is, in the words of

Mr. Power, that "the disease has a power of spreading from person to person, and has also a faculty of development out of an antecedent prevalence of throat illness, the diphtheritic character of which may not, until a certain stage of the prevalence has been reached, be affirmed."

But the investigation has led to another result, even more surprising and important. After the most thorough examination, Mr. Power was forced to the conclusion that in no possible way could the milk have been humanly infected, either by pollution of the water used to cleanse the milk utensils (or perhaps added to the milk itself); or by the fouling of the utensils with soil, refuse, litter, etc.; or by contamination of the air, from which milk might have absorbed infectious matter; or by the milking of the cows by persons suffering from any throat affections. He is therefore compelled to suspect that actual "cow conditions," capable of affecting the milk, directly or indirectly, may have brought about the result observed; in other words, that the milk as it came from the cow contained in it properties which were capable of setting up diphtheritic symptoms in the person drinking it.

This suggestion, it need hardly be said, is of the greatest pathological importance. If it be true that a certain diseased condition of the cow can bring on diphtheria in the human subject in the same way that cow-pox induces vaccinia, many outbreaks the origin of which has hitherto remained obscure may probably be ascribed to this cause. It is also of the utmost practical importance that the nature of the vaccine disease should be investigated, in order that danger of the spread of diphtheria through the use of milk thus contaminated may be guarded against. It is stated that the London Pathological Society have already taken up the matter, and Mr. Power's theory will doubtless receive the most exhaustive investigation.

It should be understood that the evidence on which this theory rests is of a purely negative character, and not so conclusive as that which shows the relation of the origin of the epidemic to the use of the milk. It is of course possible that some human source of infection may have escaped even the elaborate and careful search which Mr. Power made; and the cows after all may not have been primarily responsible for the contagion. The question is one of great scientific interest, as well as of sanitary importance, and we shall await its solution with no little curiosity.—*Journal of Chemistry*.

COLD FEET.

There are certain minor ills that flesh is heir to, which, though they may not often be made the ground for calling in the doctor, are nevertheless the source of much suffering, and sometimes lead to more serious ailments. Among these we may fairly reckon cold feet, which with many persons are a

chronic evil, and a more trying one than those who are exempt from the affliction can well conceive. We believe, therefore, that we may be proving a friend in need to not a few of our readers by giving the following summary of an article upon this subject by Dr. T. F. Rumbold in the *Virginia Medical Monthly*:—

Cold feet predispose to colds in the head, throat, ears, and lungs. Many people are troubled with sweaty feet, their feet consequently become cold. This is often caused by wearing woollen stockings. Cotton stockings should be worn under the woollen pair. A good remedy for cold feet is to bathe them at bedtime, commencing with water at blood heat, and gradually raising the temperature till the water is as warm as can be borne. They should be dried with a coarse towel, rubbed well with an inunction, and then incased in a well-warmed pair of cotton stockings. Vaseline is recommended as an inunction. Salicylic acid and bromide of potassium (āā grs. v. ad ʒj. vaseline) will often remove fœtor if present, and plunging the feet in cold water on rising in the morning will often act well. Boots that are thin, or tight and low shoes, should be avoided in cold or damp weather. Heavy, loose-fitting boots, with double uppers and wide soles, are proper. India-rubber overshoes should be worn in damp weather only, and should be removed as soon as the wearer enters the house. Slippers should not be worn by either sex during cold or even cool weather. One of the ways in which a cold is contracted is to exchange warm boots for low slippers. Those who do this forget that their feet and ankles have been protected all day, and that they have not only uncovered them, but placed them in the coldest stratum of air in the room. If they take the precaution to draw on, over the stockings which they usually wear, a pair of heavy woollen socks, the chances for taking cold from wearing the slippers are greatly decreased.

Dr. Rumbold says that most women use elastic garters, which compress the veins and hinder the return of blood from the feet and legs. Almost every patient claims that her garters are not tight, yet most of them will acknowledge that when they are removed at night deep creases are found under the knees. In order to keep up the stockings without garters at all, they should be pulled on over the stocking-knit drawers and fastened with tapes. Four of these tapes, about six inches long, should be sewed on the drawers at about the middle of each thigh, one on the outer side and one on the inner side; also four tapes of the same length should be sewed one on the outer and one on the inner side of each stocking. The tying of the four pairs of tapes secures the hose in their place, and as they are long enough to come above the knees more of the limbs is then covered than when they are held up by the strangulating elastic or non-elastic garters.

THERAPEUTIC PROPERTIES OF GLYCERINE.

The Dublin Journal of Medical Science says: "Glycerine as a food, in small doses, increases the weight, as it lessens waste of tissue, in consequence of its being oxidized in the lungs in preference to the fat of the body. Even the nitrogenous substances are more slowly consumed, as is shown by the diminished quantity of urea excreted in the twenty-four hours. Glycerine is a stimulant to the digestive functions, well tolerated, quickly digested, and absorbed so completely that, unless taken in large quantities, hardly any is found in the blood or urine. Elimination by the kidneys begins within an hour of the time it is taken. It produces neither glycosuria nor albuminuria, and it has a laxative tendency. In large doses, or if taken suddenly into the stomach, it causes symptoms somewhat like those of acute alcoholism, but if taken gradually it only raises the temperature a little. The proper dose ranges from half an ounce to an ounce a day."

THE TREATMENT OF VARIX BY THE SUBCUTANEOUS INJECTION OF ALCOHOL.

A new method of treating varicose veins was described by Dr. Englisch at a recent meeting of the Vienna Medical Society. By means of an ordinary hypodermic syringe, from fifteen to twenty drops of a mixture of alcohol and water, in equal parts, are injected into the cellular tissue beneath the vein, which, together with a fold of skin, has been previously raised by the thumb and forefinger. The injection gives rise to a small swelling, and on close observation the vein may seem to contract. More or less infiltration is observed on the third day, and in very sensitive patients the skin is apt to become red, and even a small abscess may form, the vein itself not becoming involved in the suppuration. As the infiltration becomes firmer and smaller the vein also diminishes in size, and gradually becomes hard and cord-like. In some cases one such injection may suffice to effect a cure of the varix, but in the majority the operation has to be repeated several times. The results are most successful when the dilated veins form a plexus, but the treatment is more difficult when there are many branches. The pain during and after the operation is very slight; the length of time required for the subsequent treatment varies according to the gravity of the case. In cases where the result is not entirely successful, the operation appears to be a valuable auxiliary to other palliative measures. Dr. Englisch claims for his method that it is absolutely free from danger. He was induced to make trial of it for the cure of varix in consequence of the excellent results he obtained from the use of similar injections for the radical cure of Hernia. (*Medical Examiner*, No. 112, 1878.)—*Practitioner*, May, 1878.

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D.L.R.C.P., LOND.

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MONTREAL, APRIL, 1879.

The issue of this number has been delayed by want of paper. We use a special size which is manufactured especially for us, and, although a new supply was ordered, we failed to receive it when promised.

AMERICAN HEALTH PRIMERS.

It is one of the chief merits of the Medical Profession in modern times that its members are in the fore-front of every movement to prevent disease. It is due to them that the Science of what has been happily called "Preventive Medicine" has its existence. Not only in large cities, but in every town and hamlet, the doctor leads in every effort to eradicate the sources of disease. These efforts have been ably seconded by intelligent and public-spirited citizens of many callings.

But the great mass of the public scarcely recognize the importance of such efforts, or, if they do, are ignorant of the facts of Anatomy, Physiology, and Hygiene, and of their practical application to the betterment of their health and the prevention of disease. Such knowledge does not come by nature. In most cases, in fact, it is a direct result of the most laborious research and the highest skill. Accordingly, it is the object of this series of American Health Primers to diffuse as widely and as cheaply as possible, among all classes, a knowledge of the elementary facts of Preventive Medicine, and the bearings and applications of the latest and best researches in every branch of Medical and Hygienic Science. They are not intended (save incidentally) to assist in curing disease, but to teach people how to take care of themselves, their children, their pupils, and their employés.

The series is written from the American standpoint, and with especial reference to our climate, architecture, legislation, and modes of life; and in all these respects we differ materially from other nations. Sanitary legislation especially, which in England has made

such notable progress, has barely begun with us, and it is hoped that the American Health Primers may assist in developing a public sentiment favorable to proper sanitary laws, especially in our large cities.

The subjects selected are of vital and practical importance in every-day life. They are treated in as popular a style as is consistent with their nature, technical terms being avoided as far as practicable. Each volume, if the subject calls for it, will be fully illustrated, so that the text may be clearly and readily understood by any one heretofore entirely ignorant of the structure and functions of the body.

The following volumes are in press, and will be issued about once a month by Lindsay & Blakiston, of Philadelphia:—I. Hearing, and How to keep it; II. Long Life, and How to reach it; III. Sea Air and Sea Bathing; IV. The Summer and its Diseases; V. Eyesight, and How to Care for it; VI. The Throat and the Voice; VII. The Winter and its Dangers; VIII. The Mouth and the Teeth; IX. Our Homes; X. The Skin in Health and Disease; XI. Brain Work and Overwork. Price, 30 cents; flexible cloth, 50 cents.

ANNUAL REPORT OF THE WOMAN'S HOSPITAL, MONTREAL, FOR THE YEAR ENDING OCTOBER 31st, 1878.

The Medical Committee to whom is entrusted the management of this institution beg to present the following report in regard to the work performed during the past year and the general condition of the affairs of the Hospital. In the Lying-in department the number of cases admitted is in excess of that of last year. At times the entire accommodation of the Hospital has not been sufficient to meet the demands made upon it by the cases on hand, and the Hospital attendants have had to relinquish their apartments temporarily to furnish the extra room required. It is proposed by the Committee, if funds permit, to extend the present apartments by securing a part of the adjoining house, or, at the termination of the present lease, to procure a more commodious building. The unfavorable condition of the treasury is at present, however, a barrier to this and other contemplated acquirements, but we confidently expect that, with the assistance of the renewed efforts now being made by the Ladies' Committee and increased liber-

ality on the part of the friends of the institution, we shall be able to carry out these necessary improvements, thus enlarging the Hospital's sphere of action, and better adapting it for carrying out the object for which it was instituted.

The splendid opportunities afforded in the public wards for gaining a knowledge of midwifery and nursing has during the past year been taken advantage of by a large number of medical students, and women studying with a view to becoming midwives and nurses. Instruction in these branches is given by the competent matron of the Hospital, and the visiting physicians.

This department is under the supervision of the Ladies' Committee and is visited frequently by its members.

In the *Out Door Department*, where females suffering from diseases peculiar to women receive medical attendance free of charge, there has been a large number of applicants, and the number is gradually increasing, as the advantages of this institution and its facilities for treatment are becoming more widely known and appreciated.

One or more members of the medical staff attend daily at 11 a.m.

The private wards of the Hospital are open to cases where special treatment and constant attendance is required and to patients from a distance; and during the past year a number from different parts of the Dominion and adjoining Union have availed themselves of this privilege. The Committee are anxious, as soon as means will permit them, to make this department complete in every respect, and make needed additions to the present supply of gynaecological instruments and appliances.

The Committee acknowledge with sincere thanks the receipt of the annual grant of \$500 from the Provincial Government, and the contributions and donations from the friends of the Institution.

LYING-IN DEPARTMENT.

Remaining in Hospital at last report.....	11
Admitted during the year.....	85
Total.....	96
Number Confined.....	86
Remaining in Hospital.....	10
	90
<i>Religion.</i> { Protestants.....	58
{ Catholics.....	38
	— 96

<i>Sex of Children.</i> {	Males.....	43
	Females.....	44
		— 86
<i>Presentation.</i> {	Vertex.....	82
	Breech.....	1
	Transverse.....	2
	Foot.....	1
		— 86
<i>Position.</i> {	1st.....	84
	2nd.....	1
	3rd.....	1
		— 86

Forceps used in eight cases. Turning in two. Convulsions occurred in one case.

Died. { Children.....3.—One was still born.
 { Mothers.....3.—One from Typhoid Fever.
 Two were very ill when admitted.

OUT-DOOR DEPARTMENT.

Number of cases treated, 233. Religion, Catholics, 121. Protestants, 112. Total, 233.

Diseases. Ovaritis, 7. Amenorrhoea, 6. Vicarious Menstruation, 1. Hernia, 1. Uterine Fibroid, 1. Adenitis, 3. Leucorrhoea, 61. Prolapsus Uteri, 8. Retroflexion Uteri, 7. Antiflexion Uteri, 1. Antiversion Uteri, 1. Ulcus os Uteri 50. Hyperplasia Uteri, 10. Ulcus Perinei, 1. Mammary Abscess, 1. Enceinte, 4. Metritis, 3. Ulcer of Rectum, 1. Abrasion of Cervix, 1. Vaginitis, 1. Procentia Uteri, 1. Menorrhagia, 8. Cystitis, 1. Ovarian Tumor, 1. Miscarriage, 1. Stricture Ant. os, 1. Endometritis, 4. Periostritis, 1. Peri Uterine Cellulitis, 1. Chlorosis, 1. Total 233.

UNIVERSITY OF BISHOPS COLLEGE.

FACULTY OF MEDICINE.

The eighth annual convocation of Bishops University Faculty of Medicine was held on the 16th of April, in the Synod Hall, Montreal. The chair was occupied by the Vice-Chancellor of the University, the Rev. Canon Norman, supported by the Principal of the University, the Rev. Mr. Lobley, and Edward Chapman, Registrar.

The attendance was very large, the hall being filled in every part.

Dr. David, Dean of the Faculty of Medicine, read the report for the past session. It is as follows :—

The session terminated on the 21st March, having opened on the 1st of October. The number of students in attendance was 30. Of these 3 were from the Province of Ontario, 3 from the United States, one from the West Indies, and 23 from the Province of Quebec.

The attendance during the whole session was remarkably steady, and the entire class gave evidence of close application. Hon. Dr. Paquet, of Berthier, and Dr. Gibson, of Dunham, the assessors appointed by the College of Physicians and Surgeons of the Province of Quebec, were present during the examinations. The Faculty

are again pleased to be able to state that they expressed themselves as thoroughly satisfied—both with the written and the oral examinations and the manner in which they were conducted.

The following gentlemen passed their examination as follows; all are given in the order of merit:—

Botany—Ninian Calvin Smillie, Montreal, takes the prize. Frank Merton Robertson Spendlove, Ayer's Flats, Que.; Lewis Henry Ulric Gill, Napierville, Que.; Charles Marshall, Huntingdon, Que.; James Frederick Theodore Jenkins, Brantford, Ont.; Wm. Stephen, Montreal.

Practical Chemistry—Henry Brickles Chandler, Bermuda, West Indies, Honorable Mention. Francis Joseph Euclid Tetrault, St. Pie, Que.; Lewis Henry Ulric Gill, Napierville, Q.; Robert Henry Wilson, Montreal; James Fredk. Theodore Jenkins, Brantford, Ont.; Charles Marshall, Huntingdon, Q.

Materiæ Medica and Anatomy—Matthew Mark Kannon, Montreal.

Anatomy and Physiology—Robert Henry Wilson, Montreal; Edwd. Labré, Chicopee Falls, Mass.

Chemistry—Francis Jos. Euclid Tetrault, St. Pie. Honorable Mention—*Materia Medica*—George Goldsworthy Gale, Quebec.

The following gentlemen passed their primary examination for the degree (Chemistry, Anatomy, Physiology and Materia Medica):—

Henry B. Chandler, Bermuda, W. I., prize; James Leslie Foley, Montreal, honorable mention; Lewis Henry U. Gill, Napierville, Q.; George Goldsworthy Gale, Quebec; Jas. Fredk. Theodore Jenkins, Brantford, Ont.; Charles Marshall, Huntingdon, Q.

The final examination for the degree of C.M., M.D., consists of the following branches:—Theory and Practice of Medicine; Theory and Practice of Surgery; Obstetrics, and Diseases of Women and Children; Medical Jurisprudence; Clinical Medicine; Clinical Surgery; Pathology and Hygiene. This examination has been passed by the following gentlemen, whom it will be my pleasing duty to present to you for graduation:—Denis D. Gaherty, Montreal, Wood Gold Medalist; George Washington Nelson, Montreal, prize (this gentleman has not yet attained his majority, so cannot to-day receive his

degree); George Goldsworthy Gale, Quebec, Q.; George Oliver Gernon, St. Benoit, Q.; Rudolph Edgar Connolly Leprohon, Montreal, Q.; Charles Marshall, Huntingdon, Q.; James Frederick Theodore Jenkins, Brantford, Ont.; Charles Edward D. Comeau, River David; Matthew Mark Kannon, Montreal.

The Wood Gold Medal is awarded to the graduate in the Faculty of Medicine who has attended at least two sessions at Bishop's College, and has attained the highest number of marks—all subjects being included. This medal has been awarded to Mr. Denis D. Gaherty, of Montreal. This gentleman passed his four years of study in Bishop's College, and last year took the prize in the primary branches. The prize for the best final examination has been awarded to Mr. George Washington Nelson, of Montreal. The Gold Medalist cannot compete for this prize.

The prize for the best examination in the primary branches has been awarded to Mr. Henry B. Chandler, of Bermuda, West Indies. The senior dissector's prize has been awarded to Lewis Henry Ulric Gill, of Napierville, Que. The junior dissector's prize has been awarded to Ninian Calvin Smillie, of Montreal. The same gentleman has taken the prize in botany. The Faculty have this year again to notice the death of two of their graduates; one of them at the last convocation—just one year ago—received his degree, Dr. Herbert Cooper Fuller. This gentleman gave, while a student, great promise of being a brilliant anatomist, but when his last year came his health began to fail, and eight months after receiving his degree, he died. The other, Dr. Thomas Edward Hayes, graduated in 1877. He crossed the Atlantic in hope of restoring his health but was too ill to return, and he died in Ireland.

Dr. Jenkins, of Brantford, Ontario, delivered the Valedictory Address upon behalf of the Graduating Class. It was well delivered, and was an exceedingly able address. We hope to publish it entire in our next number.

Dr. Wilkins, upon behalf of the Faculty, delivered the parting words of counsel to the Graduating Class. This will be found in the present number of the RECORD.

A most interesting meeting was closed by an able address from Principal Lobley.

UNIVERSITY OF MCGILL COLLEGE.

FACULTY OF MEDICINE.

The Annual Convocation of McGill University for conferring degrees in Medicine was held in the William Molson Hall of the University on March 31st. The attendance was large and fashionable. The report for the past Session was read by Dr. Scott, and is as follows:—

The total number of students enregistered in this Faculty during the past year was 166, of whom there were, from Ontario, 87; Quebec, 53; Nova Scotia, 3; New Brunswick, 7; P. E. Island, 3; Newfoundland, 1; United States, 14.

The following gentlemen, 40 in number, have passed their Primary Examinations on the following subjects: Anatomy, Chemistry, Materia Medica and Pharmacy, Institutes of Medicine and Botany and Zoology. Their names and residences are as follows:

Ayer, N., Woodstock, N.B.; Browne, T. L., Ottawa, O.; Beer, Charles N., Charlottetown, P.E.I.; Cameron, P., Williamstown, O.; Church, F. W., Aylmer, Q.; Cahalan, J., Wyandotte, Mich.; Cowley, D. K., Ottawa, O.; Dibblee, G. O., St. Stephens, N.B.; Edwards, J. S., London, O.; Fielde, E. C., Prescott, O.; Fraser, H. D., Pembroke, O.; Gray, W. L., Pembroke, O.; Heyd, H. E., Brantford, O.; Higginson, H. A., L'Orignal, Q.; Henderson, A., Montreal, Q.; Josephs, G. E., Pembroke, O.; Laurin, E. J., Montreal, Q.; Lang, W. A., St. Marys, O.; Maas, R. L., Negaunee, Mich.; Mignault, L. D., B.A., Montreal, Q.; McDonald, M. C., Montreal, Q.; McDonald, J. A., Panmure, P.E.I.; McDonald, R. T., Montreal, Q.; Mackenzie, K., Melbourne, Q.; Mackenzie, B. E., B.A., Aurora, O.; McLaren, D. C., B.A., Montreal, Q.; McGannon, E. A., Prescott, O.; O'Callaghan, T. A., B.A., Worcester, Mass.; Pringle, A. F., Cornwall, O.; Pulford, F. W., Detroit, Mich.; Ross, G. T., Montreal, Q.; Ross, J. W., Winthrop, O.; Ruttan, A. M., Napanee, O.; Riordan, B. L., Port Hope, O.; Rogers, E. J., Peterboro, O.; Stewart, J., St. Anicet, Q.; Serviss, F. W.; Iroquois, O.; Smith, E. H., Montreal, Q.; Snow, W. H., Dundas, O.; Struthers, R. B., Phillipsburg, O.

W. C. Perks, Port Hope, has passed the written, but owing to illness was unable to present himself for the oral examination.

The following gentlemen, 37 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from this University. These exercises consist in examinations, both written and oral, on the following subjects: Principles and Practice of Surgery, Theory and Practice of Medicine, Obstetrics and Diseases of Women and Children, Medical Jurisprudence and Hygiene,—and also Clinical Examinations in Medicine and Surgery conducted at the bed-side in the Hospital:

Brown, J. L., Chesterfield, O.; Burwash, Henry J.,

St. Andrews, Q.; Butler, Billa F., Sterling, O.; Carman, Philip E., Iroquois, O.; Carman, John B., Iroquois, O.; Chisholm Murdoch, Loch Lomond, N. S.; Case, William, Hamilton, O.; Gray, Thomas, Brucefield, O.; Groves, George H., Carp, O.; Gurd, David F., Montreal, Q.; Hart, George C., Osnabrook Centre, O.; Hanna, Franklin, Harlem, O.; Henwood, Alfred J., Brantford, O.; Imrie, Andrew W., Spencerville, O.; Irwin, J. L., Montreal, Q.; Jackson, Joseph A., Lawrence, N. Y.; Jamieson, Chas. J., Ottawa, O.; Lawford, John B., Montreal, Q.; Lefebvre, John M., Toronto, O.; Lloyd, Hoes W., Strathroy, O.; Lyford, Chas. C., Roscoe, Ill.; McArthur, John A., Underwood, O.; McCully Oscar J., M.A., Sussex, N.B.; McCullough, George, St. Marys, O.; McGuigan, William J., Stratford, O.; McNee, Stuart, Perth, O.; Menzies, John B., Almonte, O.; Riley, Oscar H., Franklin, Vt.; Rutherford M. C., Waddington, N. Y.; Scott, John G., Ottawa, O.; Seymour, Maurice M., Chesterville, O.; Shaw, William F., Ottawa, O.; Smith John, Torbolton, O.; Spencer, Richmond, Montreal, Q.; Sutherland, William R., Montreal, Q.; Weagant, Clarence A., Dundas Co., O.; Williston, Hedley V., M.A., Newcastle, N.B.

Frank Buller, M.D., M.R.C.S. Eng., Lecturer on Diseases of the Eye and Ear, receives the degree in course, with *pro-forma* examination.

Of the above named gentlemen, Mr. J. B. Lawford is under age. He has, however, passed all the examinations and fulfilled all the requirements necessary for graduation, and only awaits his majority to receive his degree.

The following gentlemen have passed in Anatomy:—

W. Cormack, G. H. Oliver, W. J. Musgrove, M. McNulty, J. H. Carson, F. H. Mewburn, C. M. Gordon, A. P. Poaps, F. Tupper, W. A. Derby, G. C. Wagner, J. C. Shanks.

The following gentlemen have passed in Materia Medica:—

W. Cormack, M. McNulty, * A. Dunlop, * J. J. Hunt, H. Lunam, B.A., W. Moore, A. McDonald, T. W. Reynolds, W. Shufelt, J. C. Shanks, J. Williams, J. B. Harvie, T. A. Page.

The following gentlemen passed in Chemistry:—

A. P. Poaps, W. Cormack, A. McDonald, A. D. Struthers, J. McKay, C. M. Gordon, James Ross, B.A., B. Fritz, A. H. Dunlop, W. T. Derby, T. W. Reynolds, J. Williams, J. J. Hunt, H. Lunam, B.A., R. H. Klock, J. H. Carson, J. B. Harvie, W. A. Shufelt, J. C. Shanks, G. C. Wagner, F. H. Mewburn, W. Moore, T. A. Page.

The following gentlemen have passed in Physiology:—

W. Cormack, H. E. Poole, W. J. Musgrove, A. McDonald, F. H. Mewburn, W. Moore, A. D. Struthers, W. A. Shufelt, C. M. Gordon, G. C. Wagner, T. W. Reynolds, J. J. Hunt, J. H. Carson, E. Fritz, R. H. Klock, A. H. Dunlop, W. C. McGillis.

The following gentlemen have passed in Practical Anatomy:—

W. A. Shufelt, F. Tupper, C. M. Gordon, F. H. Mewburn, J. C. Shanks, J. H. Carson, W. A. Derby, E. Fritz.

Students who have passed in Botany:—

CLASS I.—M. V. Ogden, B.A., prize; G. W. Cameron and F. A. Holmes, equal, 2nd prize; Alex. Shaw, James E. Trueman, Philias Vanier, T. N. McLean, E. J. C. Carter, H. Gale.

CLASS II.—B. W. Burland, Henry O'Keefe, W. T. Duncan, B. F. W. Hurdman, J. H. Edick, Edmund Christie, T. J. Pierce O'Brien, E. C. Bangs, W. A. DeWolf Smith, J. H. Shaver, John Graham, W. H. Shaver, John M. Scott, T. L. Martin.

CLASS III.—W. E. Thompson, J. B. Green, B. D. Pierce, A. McR. Catenach, N. J. Hinkley, C. B. H. Hanvey, C. H. Ormand, W. W. Denver, R. F. Campbell, George Shradly, Albert Cuthbert.

MEDAL AND PRIZES.

The Medical Faculty Prizes are four in number:

1st. The Holmes Gold Medal, awarded to the graduating class who receives the highest aggregate number of marks for the best examinations, written and oral, in both Primary and Final branches.

2nd. A prize in books awarded for the best examination, written and oral, in the final branches. The gold medalist is not permitted to compete for this prize.

3rd. A prize in books awarded for the best examination, written and oral, in the primary branches.

4th. The Sutherland Gold Medal awarded for the best examination in Theoretical and Practical Chemistry, with creditable passing in the Primary branches.

The Holmes Gold Medal was awarded to John B. Lawford of Montreal.

The prize for the Final Examination was awarded to A. W. Imrie, Spencerville, Ont.

The prize for the Primary Examination was awarded to John Andrew McDonald, Panmure, P.E.I.

The Sutherland Medal was awarded to W. L. Gray, Pembroke, Ont.

The following gentlemen, arranged in the order of merit, deserve honorable mention:—

In the Final Examination, Messrs. Shaw, Gray, Sutherland and Williston.

In the Primary Examination, Messrs. Josephs, W. L. Gray, J. W. Ross, Beer, Rogers, Henderson, R. B. Struthers and Heyd.

PROFESSORS' PRIZES.

BOTANY.—H. V. Ogden, B.A., St. Catharines, O.

PRACTICAL ANATOMY.—Demonstrator's Prize in the Senior Class, awarded to Chas. N. Beer, of Charlottetown, P.E.I.

Junior Class prize awarded to James Ross, B.A., Dewittville, Q.

Dr. Fenwick delivered the Valedictory Address on behalf of the Faculty, and Dr. Oscar J. McCully, of New Brunswick, gave the Valedictory on behalf of the Graduating Class.

SCHOOL OF MEDICINE AND SURGERY VICTORIA COLLEGE.

The course of lectures in this School terminated the end of March, when the following gentlemen passed their Examination for the degree of M.D.: Evariste Duquette, G. Aubin, Wilfred Beaupré, J. A. Provost, G. L. Laforest, P. A. Leblanc, Zotique Anclaire, Raymond Chagnon, Jean Girouard, Robert St. Jacques, Jérémie Pratte, L. L. Auger, J. E. Mathieu, A. F. Fleury, G. E. Létourneau, R. N. Forté, Napoléon Malo, J. A. Foucher, P. E. Marié, Louis Grandpré, Séraphin Gauthier, Ad. Plante, Louis Boucher, Téléphore Coté, E. C. Lalonde, J. L. Germain, Camille Coté, Joseph Bergeron, E. T. Gaudet, A. A. Lefebvre, J. T. Lafortune, Moïse G. Lafontaine, Albert Laurendeau, Marc Guertin, E. C. Jenigor, L. A. Massé, Ernest Legris, A. Grandpré, Samuel Desjardins, Zotique Laroche, Paul Renaud, Séph. Faleon, F. X. Lafèche, Z. Normandin, A. S. Alain, Oswald Goyer, J. A. M. Elie, Melville de Laval, G. A. Lacerte, James Ward.

COLLEGE OF PHYSICIANS AND SURGEONS.

PROVINCE OF QUEBEC.

We direct attention to the advertisement stating that the Preliminary Examination for the admission to the Study of Medicine will be held in Montreal on the 8th of May, and that the Semi-Annual Meeting of Governors of the College will also take place in Montreal on the 14th of May.

ACCIDENT TO DR. HENRY HOWARD.

Dr. Henry Howard, Medical Superintendent of the Longue Pointe Lunatic Asylum, and President of the Medico-Chirurgical Society of Montreal, having lately been thrown from his sleigh, and sustained a fracture of the surgical neck of the left Humerus, the Society formed the following resolution:—

Moved by Dr. Kennedy, seconded by Dr. Roddick, and carried unanimously:

"That this Society has learned with great regret of the serious accident which has hap-

poned to their respected President, Dr. Henry Howard; that the Secretary be instructed to convey to Dr. Howard the sincere sympathy of the Society, and the gratification it will give to see him once more in his accustomed place. That this Society has learned with pleasure of the action of the Local Government authorities in at once appointing an assistant to relieve Dr. Howard from the anxiety of his charge."

We are glad to state that Dr. Henry Howard is able to be about again, and that he presided at the Meeting of the Medico-Chirurgical Society, held on the 18th April.

WHAT WOMEN CAN DO.

Our attention has been called to a new article for the use of ladies, the invention of which has conferred an everlasting blessing upon every lady. We refer to the Queen City Skirt Suspenders, for supporting ladies' skirts, the most desirable and beneficial article ever invented for the relief of women, many of whom have suffered years of miserable health caused solely by carrying the weight of a number of heavy skirts, completely dragging them down. Something to support ladies' clothing is absolutely necessary. These suspenders are recommended by our leading physicians to all ladies and young girls. Every lady should have them. Thousands will testify to their excellence and the advantages to be derived from wearing them. They are sold only through lady agents. Many ladies in other localities are making from a hundred to two hundred dollars per month, selling these and other new articles made by the same Company, and it can be done here. We have been asked by the manufacturers for the name of a reliable lady to act as their agent for this county. We advise such to write at once to the *Queen City Suspender Company, Elm and Longworth Streets, Cincinnati, Ohio.*

PERSONAL.

Dr. A. Laphorn Smith, B.A., M.D., M.R.C.S., Eng., has been appointed Assistant Demonstrator of Anatomy, and Lecturer on Minor Surgery in the Medical Faculty of Bishop's University.

Dr. Irwin, (M.D., McGill, 1879), and Dr. R. Spencer, (M.D., McGill, 1879) and Dr. W. Sutherland, (M.D., McGill, 1879), have settled in Montreal.

Dr. Robert Craik has resigned the chair of Professor of Chemistry in the Medical Faculty of McGill University. His many friends will regret to hear this. His loss will be a great one to the University, for he was, perhaps, the most popular lecturer on Chemistry in the Dominion.

REVIEWS.

Practical Surgery; including Surgical Dressings, Bandaging, Ligations and Amputations. By J. EWING MEARS, M.D., &c., &c. Philadelphia: Lindsay and Blakiston, 1878.

This little work has much to recommend it, and indeed as far as it goes may be said to be complete. In that part of the section on Surgical Dressings which refers to the antiseptic system two or three errors, of no great moment, however, have crept in, presuming of course that Lister himself is the guide. For instance the bottle of the spray producer is ordered to be filled with a 1-30 solution, whereas 1-20 is the proper strength to be employed here, giving with pure water in the boiler a spray of the strength of 1-40. Again, six layers of the heavy dressings are recommended to be applied wet. Lister's practice is to wet only the deeper dressings in the 1-40 solution. In other particulars this chapter on a subject so important is absolutely faultless, with the exception perhaps that the author rather loosely recommends the ordinary steam atomizer in cases where the regulation boiler is not at hand.

In the section on Bandaging the plates are excellent and the text clear and concise. Among other things we are pleased to see figured Sayre's suspension apparatus for applying the Plaster Jacket, while the description of the method, taken in part from his own work, is very full.

Part 3rd, on Ligation, deals first with the various kinds of incisions, sutures, &c., and then takes up each vessel separately, describing its course, the external guides or surface markings by which it is found, its general anatomical relations, and certain so-called rallying points, which are to be sought for as the operation progresses. We notice that the author prefers reaching the common femoral by a vertical incision instead of that chosen by the majority of Surgeons, namely, an incision a little below and parallel to Poupart's Ligament. His experience no doubt justifies him in the choice, but at any rate this operation is so seldom demanded that the mere form of incision is a matter hardly worthy of dispute.

In the part on Amputations the author goes to some trouble to describe and figure the various instruments required for the removal of a limb or part of a limb. Under the heading "Methods of Controlling Hemorrhage," the ordinary tourniquet of Petit and the elastic band of Esmarch only are described. Mention might have been made of the fact, as demonstrated so conclusively by Lister, that simple elevation of a limb is alone required to make it bloodless, the blanched condition being continued by the rapid application of the rubber band; thus doing away with the necessity for the elastic bandage originally devised by Esmarch.

In connection with the various amputations the surgical anatomy of the parts is fully discussed. In the description of Syme's Amputation the operator is directed to carry the incision across the heel from one malleolus to the other; whereas, from the fact that the inner is so much higher than the outer malleolus, the incision should really extend from the tips of the fibula to the same point on the opposite side, which will fall below and a little behind the extremity of the tibia. Otherwise the flap will present an uneven appearance and the blood supply may be seriously interfered with. It is to be regretted that the very admirable operation through the condyles of the femur, known as Carden's Amputation, has received no notice.

A short chapter on Excisions would have been most acceptable.

Altogether we have much pleasure in recommending Dr. Mears' book to those practising Surgery, but more especially to students of Medicine.

A Manual of Physical Diagnosis. By FRANCIS DELAFIELD, M.D., and CHARLES F. STILLMAN, M.D. New York, William Wood & Co., 27 Great Jones Street. Montreal, J. M. O'Loughlin.

The more than usual attention which has within the last few years been devoted to the subject of Physical Diagnosis has induced the publication of several manuals intended for the use of those who have to teach and learn it. All possess much merit; this one, while not so full as some of the others, and perhaps deficient in one or two parts, seeing that it does not mention anything of Mensuration and Succussion, yet has several points of excellence peculiarly its own. It is, in the first place, very concise, no superfluous words are used; secondly, it is interleaved, so that it may be taken into the wards and used as a note book as well as a guide. Its style of illustration, that of super-imposed plates, while old, is

one that is not sufficiently made use of. There is no better mode of illustrations than this. We like the work, and believe it will well repay the amount required for its purchase.

A Guide to the Qualitative and Quantitative Analyses of the Urine, designed for Physicians, Chemists and Pharmacists. By Dr. C. NEUBAUER, Professor, Chief of the Agricultural Laboratory in Wiesbaden, and Dr. J. VOGEL, Professor of Medicine in the University at Halle, with a preface by Professor Dr. R. FRESSENIUS, translated from the German by Elbridge G. Cutler, M.D., Assistant in Pathology, Medical School Harvard University, and revised by Edward S. Wood, M.D., Professor of Chemistry, Medical School, Harvard University. New York: William Wood & Co., 1879. Montreal: John M. O'Loughlin, St. James street.

The want of a practical manual and suitable text book upon the analysis of the urine in the English language has long been felt. This want has been partially supplied during the last few years by Dr. Tyron's excellent little "Guide to the Practical Examination of the Urine." It is not however, and does not pretend to be, a complete Manual upon Urinary Chemistry. The medical student and the practitioner need to know something more than simply the methods which are required to obtain a knowledge of the chemical composition of the Urine. They should be able to infer from it, to a certain extent, the general condition of the patient when urine is examined. It is hoped that this work will accomplish for the English reader what the original has for the German student, viz., show him exactly what inferences may be drawn from a knowledge of the chemical composition of the urine, and in what way and to what extent a knowledge of the changes going on within the body may be learned by examining the urine.

There is no book in the English language which treats the subject of Urinary Chemistry in so thorough and scientific a manner, and in none is the material so arranged as to be readily available to both student and practitioner. The separation of the book into two distinct parts, the first by Dr. Neubauer, being strictly chemical, and the second by Dr. Vogel, being chiefly medical, adds a great deal to its value as a book of reference for both the chemist and the physician.

This work was translated and published by the New Sydenham Society in 1863, since which period vast progress has been made in the domain of organic and physiological Chemistry, so that the first translation does not now correctly represent the present status of Urinary Chemistry. The present volume has been brought down to date, and it should be found in the library of every conscientious practitioner.

In the binding of this work, Messrs. Wood & Co. have made an experiment. Conscious that the best binding for a work of reference was sheep, yet equally conscious that such binding gets dirty and stained by constant use, they have tried to obtain a substitute, as cheap, as enduring, and yet without its faults. In this volume, they present the result of the research. They certainly have succeeded, so far as we can judge, in producing a strong looking binding. It, however, remains to be tested. We confess, however, to a liking to the "old sheep" which, to say the least, gives the work a professional look.

Loss of Weight, Blood Spitting and Lung Disease.

By HORACE DOBELL, M.D., Consulting Physician to the Royal Hospital for Diseases of the Chest. London, J. & A. Churchill, 11 New Burlington street. Montreal, Dawson Brothers.

Dr. Dobell is a name familiar to all who have given even casual attention to the subject of chest diseases. He has for years been a close observer in a field where his opportunities have been immense, and in the present volume he gives the result. It is what might be termed a *pure* clinical work, and therefore, exceedingly practical and valuable. Hæmoptysis is generally considered the forerunner of consumption, but it is quite possible for it to exist or occur, quite independent of that disease. On this point Dr. Dobell contributes some valuable information and numerous cases, which will, we are sure, inspire hope in the minds of many of our profession, who have always looked despondingly upon hæmoptysis, so much so as often to depress the patient. We have had, in our experience, many cases where blood spitting has recurred repeatedly and the patients are to-day well, strong and hearty. We have looked upon these as cases where from some unknown (but not constitutional) cause, the vessels of the lungs have become over-distended, and thus leading to the eruption. To all who feel interested in this class of diseases, and who, we might ask, does not? we specially commend this work of Dr.

Dobell. It can be ordered through the Messrs. Dawson Bros.

Tablets of Anatomy and Physiology. By THOMAS COOKE, F.R.C.S., Senior Assistant Surgeon to the Westminster Hospital and Lecturer at the School of Anatomy, Physiology and Operative Surgery. Being a Synopsis of Demonstrations given during the years 1871-72-73-74 and 75. Longmans, Green & Co., Paternoster Row, London. Montreal, Dawson Brothers. Price \$4.

1. ANATOMY COMPLETE. — *Second Edition.* These Tablets of Mr. Cooke are well known to all students of medicine in attendance at the various London Schools, and are by them prized most highly. Their arrangement is peculiar and somewhat difficult of description, yet a close examination of them proves that the author has grouped all with a wonderful foresight as to what a student requires for the purpose of revision. In Anatomy, especially, there is much which can only be learned by considerable trouble, and which is easily forgotten. It requires to be constantly recalled to the mind, and it is with this class of facts that Mr. Cooke deals. An Appendix is added bringing everything up to the end of 1878. We strongly recommend them to the Canadian medical student.

2. PHYSIOLOGY COMPLETE. — Price \$2.75. The remarks we have made on the Anatomical Tablet apply with equal force to the one on Physiology. Both contain a mass of information arranged with care, and with a clear knowledge of a student's wants.

Physiology. Preliminary Course of Lectures. By JAMES T. WHITTAKER, M.A., M.D., Professor of Physiology and Clinical Medicine in the Medical College of Cincinnati. Chancy R. Murray, 103 West Sixth street, Cincinnati, 1879.

We have to thank Robert Clarke & Co., of 65 West Fourth street, Cincinnati, for a copy of the above book. The subjects embraced are the influence of Physiology on Practice; on the conservation of force; on the origin of life, and the evolution of its forms; and on Protoplasm, bone, muscle, nerve and food. The first is treated in a somewhat free and easy style, which might pass in the lecture room, but is hardly read so well within the stiff covers of a book; still withal we must confess that the little volume affords

entertaining as well as instructive reading; the only fault is that the first part is too entertaining for a scientific book. Students of Physiology will find the other portions not only well written, but containing a mass of facts well sifted, and produced in a condensed form. It can be ordered from the firm who so kindly sent us a copy.

The Cell Doctrine: its History and Present State, for the use of Students in Medicine and Dentistry; also a copious Bibliography on the Subject. By JAMES TYSON, M.D., Professor of General Pathology in the University of Pennsylvania.—Second Edition. Lindsay & Blakiston, Philadelphia; Montreal, Dawson Brothers.

Dr. Tyson has collected in this little volume of almost two hundred pages everything which is necessary to a study of cystogenesis or cell development. For this he is deserving of praise, for he has not only collected and put together the theories of the present day on this subject, but he has clothed them in language so clear that a somewhat difficult and obtuse subject has been made plain. A most interesting portion of the work is that devoted to the evolution, so to speak, of the "cell doctrine." Without burdening his pages too much he has succeeded in giving a continuous history of this doctrine, from its first inception (in a very rude state), which he traces as far back as Aristotle, some three hundred and fifty years before Christ. A wide blank then comes in, and little more is heard of it till, in 1838, Schleiden and Swan promulgated their theory of cystogenesis. The various additions and improvements developed since that time are duly recorded. The volume is one which we especially commend to students of Medicine. A perusal of it will do much to fasten on their memory all the important facts of this most important doctrine. Physicians would also find its perusal most instructive. It is illustrated by one full page plate, illustrative of the views of Dr. Beale, and throughout the volume are several good wood cuts.

A Guide to the Practical Examination of the Urine, for the use of Physicians and Students. By JAMES TYSON, M.D., Professor of General Pathology in the University of Pennsylvania.—Second Edition. Lindsay & Blakiston, Philadelphia; Montreal, Dawson Brothers.

This is just the kind of book that a busy practitioner would like to peruse every now and again. It is full enough to give the information desired, con-

cerning a large majority of cases, when a urinary examination is demanded, and yet concise enough not to occupy too much time. Much new matter has been introduced into this edition, and the illustrations, though not numerous, contribute considerably to the value of the work. Students also will find it a valuable companion in their "Urinary Clinics," now so prominent an institution in all modern hospitals.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, March 7th, 1879.

A regular meeting of the above Society was held this evening. In the absence of the President, the First Vice-President, Dr. Geo. Ross, occupied the chair.

There were present, Drs. Ross, Kennedy, Kerry, Nelson, Alloway, F. W. Campbell, McConnell, Rodger, Shepherd, Wilkins, Smith, Munro, Ritchie, Gardner, Loverin, Trenholme, Roddick, Proudfoot, Bell, Oakley, Armstrong, Brodie, Guerin, Finnie, Bessey, Blackader and Edwards.

The minutes of last regular meeting were read and approved. Dr. Proudfoot gave notice of motion that at the next regular meeting he would move that Dr. Wm. Fuller, a former member of this Society, be elected a corresponding member of the Society.

A number of interesting pathological specimens were presented.

Dr. OSLER exhibited the following specimens:

1. Pachymeningitis.
2. Cancer of Stomach.
3. Fibroid of Uterus.
4. Endocarditis.
5. Chronic Morbus Brightii.
6. Fibro Sarcoma of the testicle.

Dr. T. J. ALLOWAY read a paper on "Tracheotomy in Laryngeal Diphtheria," giving a detailed account of two cases both of which had proved successful.

Dr. A. L. SMITH stated that in the cases he has had to do with in a Hospital for children in London, England, the children affected were kept in the general wards and no case of contagion occurred. Tents were made about the beds, and the air in the tents kept at a temperature of 70°, and a spray of carbolized steam was passed into the tent. Dr. Smith thought the medical treatment, especially the exhibition of iron, should be carefully kept up.

Dr. WILKINS asked on what day Dr. Alloway had noticed the granulation appear which had occasioned the trouble of the re-introduction of the tube. In a case of his own it was the 15th day before he attempted to remove the tube, but the patient nearly strangulated. About six weeks after the operation it was kept out for twelve hours, but the breathing became so bad it had to be re-inserted; four or five months passed before it could be safely removed. He also stated that after the eleventh week the child was allowed to go into the general ward, and regretted to say that two or three of the children took diphtheria.

Dr. F. W. CAMPBELL said he had had two cases of tracheotomy in membranous croup, both of which had proved fatal. He considered that there was a decided difference between the diseases diphtheria and croup. The tube in his opinion should not be removed for the first time before the 12th day.

Dr. KENNEDY had experience in three cases of tracheotomy for membranous croup, all of which had resulted in death. Two of the children died of pneumonia and the third of renal disease on the 5th, 6th and 7th days. Dr. Kennedy asked if chloroform had been administered by those who had operated in such cases. He had used it in his own cases with good result. Dr. Kennedy asked what was considered the best tube.

Dr. FINNIE had had three cases, one of which had been successful. He considered that the great mistake in the past was using too small a tube, the largest tube possible should be used. He carried on the medicinal treatment throughout, and also the free use of stimulants.

Dr. GARDNER said he had operated in one case and in a second case Dr. Fenwick had operated for him. His own case had been successful, the tube was removed on the 11th day; had used no medicine, but stimulants had been administered. Temperature of room kept at 70°, and water was kept constantly evaporating with carbolic acid added. Carbolyzed glycerine was applied to the wound. Trousseau's tube was used.

Dr. RODDICK had operated a number of times, but had only one successful case among those done for diphtheria. There was difficulty in taking food, as it passed into the larynx and out through the wound. He agreed with Dr. Finnie that the larger the tube used the better, and

considered Trousseau's double tube by far the best. He considered that a mistake is often made in not placing the finestra sufficiently far back in order that the air may have free passage.

Dr. NELSON had one successful case in membranous croup. He thought the tube made by Walters of London the best. The tube was removed on the 12th day.

Dr. ROSS remarked that he agreed with the remark made by Dr. Campbell that croup and diphtheria were two distinct diseases. Till diphtheria became prevalent in the city, contagion did not take place. It may occasionally happen that albumen in the urine may come to be a diagnostic mark. A case was admitted to hospital who had been cauterized over the tonsils, and the question of its being diphtheria arose. Albumen was detected in the urine, and the case proved to be one of mild diphtheria. In regard to conveying the disease in accouchement cases, he states that two years ago he attended a lady in confinement who subsequently had vulvar diphtheritis, and at that time Dr. Ross had not been near a case of diphtheria.

Dr. OSLER said in a number of cases in which post-mortems were performed, the membrane had been found to extend as a uniform layer down the trachea, and even to the smaller bronchi.

A vote of thanks to Dr. Alloway was moved by Dr. TRENHOLME, seconded by Dr. RODDICK, and carried.

The Secretary was instructed by the Society to prepare a tabulated statement of the tracheotomy operations in diphtheria and croup by members of the Society and present it to the Society.

OLIVER C. EDWARDS, M.D.,

Secretary.

BIRTHS.

At Toronto, on March 28th, the wife of Dr. A. H. Wright of a son.

At Toronto, on March 18th, the wife of W. Oldright, M.A., M.D., of a daughter.

MARRIED.

In Montreal, on the first of May, at the Church of the Messiah, by the Rev. John Cordner, William Ross Sutherland, M.D., C.M. (nephew of the late William Sutherland, M.D., of Montreal), to Mary Julia, daughter of O. S. Wood, Esq.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

We are in receipt of a communication asking our opinion regarding a scheme for the affiliation of our Canadian Colleges of Pharmacy with some of our Universities, whether it would not tend to elevate the Colleges, and give them a social status, which would be of benefit to them, and whether the lectures could not be preferably given by persons whose time was not, for the most part, taken up by the demands of daily trade and commerce. Although we agree with our correspondent in many of his conclusions, yet, knowing the objections that have already been made to an affiliation of this kind, and the desire of the pharmacutists to separate themselves as much as possible from the medical profession in general, we scarcely think it advisable to bring the subject forward, as it would only lead to an almost endless as well as useless discussion.

MONTREAL COLLEGE OF PHARMACY.—The examinations of the candidates for the different degrees conferred by the College of Pharmacy was held in the rooms of the Pharmaceutical Association, No. 628 Lagauchetière street, on Tuesday and Wednesday, the 29th and 30th instant. The result will be given in our next number.

Ladies in the Laboratory.—Prof. Attfield reported at the March meeting of the London (Eng.) Pharmaceutical Council that there were now three ladies in the Laboratory, and that no difficulties had arisen in regard to their accommodation.

Hanbury Gold Medal.—It has been decided to establish a memorial gold medal in honor of the late Daniel Hanbury; the fund having been raised for the purpose, it is proposed to award a gold medal biennially, "for high excellence in the prosecution or promotion of original research in the natural history and chemistry of drugs." The Presidents of the Chemical, the Linnæan, and the Pharmaceutical Societies, and of the British Pharmaceutical Conference, with one pharmaceutical chemist to be nominated by the two last-named presidents, are to be invited to accept the office of adjudicators. The medal itself will be $2\frac{1}{2}$ inches in diameter, with a like-

ness of Daniel Hanbury on one side, and the words "Daniel Hanbury, born 1825, died 1875," and on the obverse a space for the name of the recipient within a wreath, with the words "Awarded for Original Research in the Natural History and Chemistry of Drugs."

TAYUYA AS A REMEDY FOR SYPHILIS (*Allg. Wien. Med. Zeitung*, No. 3, 1878). Tayuya, a plant from Brazil, has been highly recommended during the past few years as a remedy for syphilis and scrofula. It has been used chiefly by the Italian surgeons. All parts of the plant are used, but the most efficacious in syphilis is the root, either as a watery infusion, or a tincture made by adding 1,000 grammes of 80 per cent. alcohol to 339 grammes of the powdered root. The strong tincture thus obtained is to be diluted by the addition to it of 1,000 grammes of rectified spirits. Of this, fourteen drops is the maximum dose for an adult.

Ambrosoli, who has used it freely in the Maggiore and Sifilo-comio hospitals of Milan, reports favorably on its use in syphilis, and states that the skin affections, ulcerations and swellings of the glands are promptly relieved by it. Veladini reports "brilliant results," as do also Magri, Strambio, Bazzoni and others. Gamba, however, in the syphilitic hospital for women in Turin, has not had such satisfactory results. Ziessl, of Vienna, states that he has seen no injurious results from tayuya, and after giving it a fair trial, he greatly prefers it to mercury in the early stages of syphilis. He is not yet prepared to express a positive opinion as to its value in the later stages of the disease.

SUNSHINE AT NIGHT.—Self-luminous dials have recently attracted some attention. O. Mathey, chemist, Neufchatel, states that the dials are usually made of card enamelled like visiting cards, and covered with adhesive varnish or white wax, mixed with a little turpentine, upon which finely-powdered barium sulphide is dusted through a fine sieve. This salt retains its phosphorescence for some days. Its luminosity is restored by exposing it to sunlight for an hour, or by burning near it a few inches of magnesium ribbon. Calcium and strontium sulphides possess a similar property, but lose it more quickly. Professor Henry Morton, of Stevens Institute of Technology, U.S., asserts that calcium sulphide is used, and suggests that if the walls of rooms were coated with the sulphide, enough light would be absorbed during the day to avoid the necessity of artificial light, and that, if houses were painted with it, street lamps would be unnecessary.

PITCHERINE—A NEW STIMULANT.—The *British Medical Journal* has a long account of a new stimulant, which has been lately described by

the papers of Australia. It is called by the natives pitheerine, and is used as we use tobacco, for both smoking and chewing. The effect is that of pleasant exhilaration; when long continued, intense, and continuous excitement follows. It is used, when, on long foot-journeys, to invigorate and keep up the strength or excite them to courage in battle; large doses are said to infuriate all the passions. Some of the natives make a plaster of this plant, and place it back of the ears, believing they are influenced by it.

ON CERTAIN DISINFECTANTS.—Mr. G. B. Longstaff, M.A., M.B. Oxon, and Mr. E. H. Hare, M.A. Oxon, M.R.C.S., report in the *Sanitary Record* a series of experiments made by them with a number of popular disinfectants. They took a quantity of urine, diluted it with water, and measured 100 cubic centimetres into each of 34 jam pots. They then added to each part the one-thousandth part of its weight of a disinfectant, making each experiment in duplicate. In two cases they added water only. The results were as follows:—

Antiseptic, 0.1 per cent.	Day on which mould appeared.		Day on which putrefactive odour was distinct.	
	I.	II.	I.	II.
Water only.....	9	9	14	13
Terebene (Dr. Bond's)....	10	10	13	18-23 ? *
Carbolic Acid (Calvert's No. 5).....	None by 75th day	9	None by 75th day	12
Burnett's Fluid.....	9	9	12	12
Condy's Red Fluid.....	10	10	15	10
Turpentine.....	13	14	18-23 ?	18-23 ? *
Chloralum.....	8	8	10	11
Borax.....	8	9	18-23 ?	18-23 ? *
Cupralum (Dr. Bond's)....	8	8	12	12
Ferralum (Dr. Bond's)....	None by 14th day	8	8	8
Sodium Salicylate.....	10	10	14	14
Sanitas (Aromatic, No. 3)...	9	9	9	10
Sanitas (Inodorous, No. 3)...	9	9	15	11
McDougall's Fluid.....	12	9	13	12
Sanitas (Aromatic, No. 1)...	9	9	14	14
Sanitas (Inodorous, No. 1)...	9	8	15	11

* Some uncertainty as to exact day, owing to absence from home.

—*Chemist and Druggist.*

THE TELEPHONE.—One of the most interesting and valuable applications of Professor Bell's telephone in the United States was seen in a recent railway disaster near Hartford, Connecticut. An excursion train, returning from one of Moody and Sankey's revival meetings, plunged through a bridge, killing some and wounding many other passengers. Brought by telegraph wires to Hartford, the news was taken up by a system of telephone wires connecting a chemist's shop with the residence of twenty-one physicians; and so prompt was the summons that in half an hour the physicians, fully equipped, were at the railway station, from which they were rapidly conveyed to the scene of death and suffering. Thirteen thousand telephones are said to be in operation in the United States.

THE TAPEWORM.—In a recent German publication we are told that black oxide of copper is the surest and best cure for tapeworms. It is given in pills made according to the following formula:—

	Grammes.
Cupri oxydati nigri.....	6
Calcarie carbonicæ	2
Boli albi lævigatæ	12
Glycerin	10

Make 120 pills. Take 2 four times daily.

It is said to have this disadvantage, that the patient is denied the pleasure of exhibiting his tormentor.—*Chemist and Druggist.*

SALICYLIC ACID AS AN ANAPHRODISIAC.—This fact was asserted not long ago by Dr. C. T. Jewitt, and has had recent confirmation in the case of a New York city veterinary surgeon, whose patient had been taking soda salicylate for some time. Damiana restored the sexual appetite promptly.

CORK WOOD.—Australia gives us another valuable medicine, namely, the leaves of the cork wood (*Duboisia myoporoides*), from which an extract is yielded having similar (though more speedy) action to belladonna.—*Chemist and Druggist.*

OZOKERINE.—This is a smooth yellowish substance prepared from earth wax, and resembling some of the paraffines in appearance. It appears bland and non-irritating, and likely to prove useful as a dressing for wounds and excoriations.—*Cincinnati Lancet and Clinic.*

INVISIBLE INK FOR POSTALS.—John H. Nelson gives in his "Hand-Book of Formulæ" the following:—

Oxide of Cobalt, $\frac{1}{2}$ ounce.
 Muriatic Acid, sufficient to dissolve it.
 Water, 4 ounces.
 Mucilage of Gum Acacia, . . . 1 drachm.

Characters written on paper with this solution are invisible, but on the application of heat they instantly appear in blue: on cooling they become invisible again.—*Phil. Druggist and Chemist.*

PHOSPHORUS IN SCIATICA.—Dr. Volquardsen, in a Pesth medical journal quoted by the London *Medical Record*, reports a case of sciatica which lasted for two years and defied all treatment. He then arrived at the idea of trying the internal use of phosphorus, which he prescribed in doses of 15 milligrammes (about one-fourth of a grain) three times a day. Three days sufficed to obtain a marked improvement, and three weeks brought a complete cure.

MEDICINAL EFFECTS OF ONIONS.—Dr. G. W. Balfour, in the *Edinburgh Medical Journal*, records three cases in which much benefit was afforded patients by the eating of raw onions in large quantities. They acted as a diuretic in each instance. Case first was a woman who had suffered from a large white kidney and constriction of

the mitral valve of the heart. Her abdomen and legs had been tapped several times, but after using onions as above she had been free from dropsy for two years, although still suffering from albuminuria. Case second suffered from heart disease, cirrhotic liver, and dropsy. Case third had dropsy depending on tumor of the liver. In both of them the remedy had been used with good results. Both had been previously tapped, purgatives and diuretics alike having failed to give relief. All other treatment having failed, recourse was had to the onions. Under their use the amount passed steadily rose from 10 or 15 ounces to 78 or 100

A NEW FORM OF DIALYZER.—Mr. Huizinga, of Groningen, has published a method for preparing dialyzing apparatus which seems to have various advantages. Parchment-paper is cut so as to form, when folded together, a conical bag. The edges are glued together by means of chrome-glue, which is made by adding to a solution of gelatine of 15 per cent. a solution of potassium chromate of 3 to 5 per cent. This mixture must be made in a room lit by artificial light, and it must be carefully kept from daylight, as this makes it insoluble in water. It should not be prepared in large quantities, as it will gradually become tough, especially when often re-melted for use, although it may not have been exposed to sun-light. The edges of the moistened parchment-paper having been treated with the chrome-glue, the bags are exposed to day-light, and when dry are suspended, kept open and circular by a small hoop placed inside, and filled with water to test their tightness. Any small leak may be stopped by a further application of chrome-glue. A number of these conical bags may be placed into one vessel at the same time.—*Weekbl. f. Naturwet.*

JELLY FROM OLD BOOT.—The reader may stare, but Science smiles superior and asserts very emphatically that a toothsome delicacy can be made from a dilapidated foot covering. Some time ago, Dr. Vander Weyde, of this city, regaled some friends not merely with boot jelly but with shirt coffee, and the repast was pronounced by all partakers excellent. The doctor tells us that he made the jelly by first cleaning the boot, and subsequently boiling it with soda, under a pressure of about two atmospheres. The tannic acid in the leather, combined with the salt, made tannate of soda, and the gelatin rose to the top, whence it was removed and dried. From this last, with suitable flavoring material, the jelly was readily concocted. The shirt coffee, which we incidentally mentioned above, was sweetened with cuff and collar sugar, both coffee and sugar being produced in the same way. The linen (after, of course, washing) was treated with nitric acid, which, acting on the lignite contained in the fibre, produced glucose, or grape sugar. This roasted, made

an excellent imitation coffee, which an addition of unroasted glucose readily sweetened.—*Scientific American.*

ERGOT IN TRICHINA DISEASE.—Dr. Rhode relates, in the *Berliner Klin. Woch.*, a case of trichinosis in which severe bleeding of the nose occurred, and in which he prescribed extract of secale cornutum as a styptic. The hemorrhage was immediately arrested, and with this rapid improvement of the general symptoms also occurred. This result led him to prescribe ergot in other cases of the disease; and in all instances distinct improvement followed. He believes, therefore, that we have, perhaps, in ergotin a means of treatment which, without having any marked effect on the human economy, may prove fatal to trichina and their offsprings.—*The Doctor.*

THERAPEUTIC ACTION OF IODOFORM.—Dr. Moleschott states that he has used iodoform with good result in the treatment of exudation into the pleura, pericardium, and peritoneum, and of the acute hydrocephalus of children. He generally applied it in the form of ointment (one in fifteen of lard) or with elastic collodion (or one in fifteen of collodion). Large glandular swellings were caused to disappear under the use of the iodised collodion. It was found useful as a means of assuaging pain in gout, neuralgia, and neuritis. Syphilitic myocarditis was cured by iodoform inunction, combined with the internal use of the drug in doses of from three-fourths of a grain to a grain and a-half daily. Iodoform appears to act like digitalis upon the heart, increasing the strength and reducing the frequency of its beats, and was hence used successfully in uncompensated valve disease. Its action depends probably on its ready decomposition, by which the iodine in the nascent state is brought into action upon the tissues.—*Wiener Medicin. Wochenschrift.*

TREATMENT OF STRYCHNIA POISONING BY APOMORPHIA.—R. Glisan, M.D. (*American Journal of Medical Sciences*, April, 1878), was called in December, 1877, to see a man who had taken probably about six grains of sulphate of strychnia with suicidal intent. The man when first seen was in spasms; all the muscles seemed tense, and in fact in such condition that a stomach pump could not be used or anything administered by the mouth. About one-third of a grain of muriate of apomorphia administered hypodermically gave prompt emesis, and relaxed the muscles so fully that there was very little spasm at all after it had taken effect. The poison had been swallowed about half an hour.

The doctor is of the opinion that apomorphia will be found the remedy in all cases of poisoning by nux vomica or any of its preparations, but he would not recommend it in cases of narcotic poisoning.

COLOCYNTH IN MINUTE DOSES.—Dr. Tucker

(*Chicago Medical Journal and Examiner*, Oct., 1877) extols the virtues of colocynth in allaying the pain caused by excessive peristaltic action of the intestines; he says it excels opium itself. Enough tincture of colocynth is added to a glassful of water to impart a slightly bitter taste; of this, teaspoonful doses are to be given every few minutes; speedy relief from violent gripping is afforded.

ATROPIA POISONING.—J. C. Mackenzie, M.D. (*Cincinnati Lancet and Observer*, February, 1878), reports a case of poisoning by sulphate of atropia where two grains had been taken through mistake, followed by grave symptoms and finally by coma, but terminating in recovery. The treatment resorted to was morphia hypodermically, hot water alternated by ice, and the Faradic current.

The minimum fatal dose of atropia is not determined, but cases have died from an amount as small as one-seventh of a grain, while some persons have lived after much larger than two-grain doses have been swallowed.

A REMARKABLE CASE OF MORPHINE TOLERANCE BY AN INFANT.—James S. Little, M.D. (*American Journal of Obstetrics*, April, 1878), reports the case of a child about eight months old that was suffering from an inflammation of the knee-joint, who had become so very tolerant of opiates from long use that it was able to consume and did actually take two fluid ounces of a solution of morphia containing sixteen grains of morphia to the fluid ounce in twenty-four hours, and for nearly a month the average was an ounce each day.

PLATINUM PLATING.—Professor Böttger announces that a concentrated boiling solution of neutral sodium citrate will dissolve large quantities of freshly-precipitated ammonio-platinic chloride. This solution decomposed by a couple of Bunsen's cells will deposit "a handsome, lustrous, perfectly homogeneous, and very tenacious coat of the purest platinum" on articles suitably prepared. The ammonio-chloride is the only platinum compound which can be used for plating, and its slight solubility has hitherto made it impossible to obtain a satisfactory coating of the metal by electro-deposition.

MEDICAL SCRAPS.—"Well, Mrs. Grumblin, what's the matter with your grandson?" "Why, Doctor, his throat's very bad. Mr. Parsons, the druggist, says as how there's something wrong with the *borax*; but ye can see for yourself that he have three or four big *ulsters* in his throat, besides which the *jubilee* is much *inflated*."

At the outbreak of the American war, when patriotism was somewhat more abundant than knowledge of anatomy, the question was put to a candidate for surgeon's position in a Cincinnati regiment, "What is Scarpa's triangle?" To which he replied: "What is the use of asking

a man fool's questions like that, when his country's flag is trailing in the dust?"

A FRENCH DOCTOR advertised a cosmetic—"the balm of a thousand flowers." It finally got him into court, charged with swindling the purchaser, because it would be impossible to collect and combine the odour of "one thousand flowers." But the witty Frenchman, with a ready smile, put them down with the reply "Honey,"—which was one of the ingredients in the "balm."

GEO. S. PEDUZZI, a prominent Brooklyn druggist, recently made a successful balloon ascension from the Capitoline grounds. Professor Peduzzi has an idea that the air may be successfully navigated. The *New York Telegram* thinks that "it would be a good thing if the majority of the druggists would follow the Brooklyn gentleman's example and go to ballooning. The sick people would miss that opportunity they now enjoy of getting arsenic for magnesia or laudanum for paregoric."

"TO PUPILS IN ELOCUTION."—These lines, by Mr. Charles A. Prince of Boston, originally appeared in the *Harvard Advocate*:

The human lungs reverberate sometimes with great velocity

When windy individuals indulge in much verbosity,
They have to twirl the glottis sixty thousand times a minute,

And push and punch the diaphragm as though the deuce were in it.

CHORUS—

The pharynx now goes up;

The larynx, with a slam,

Ejects a note

From out the throat

Pushed by the diaphragm.

—*Scribner's Monthly*.

THE DRUG MARKET.

Since our last issue there is no marked change to report. A fair amount of business is doing, and prices are without particular alteration.

Camphor.—As usual at this season of the year, there is a pretty active demand for this article, and the stock in New York having run short the price of American camphor advanced a few cents in the course of the month. The arrival of some expected cargoes of crude had the effect of reducing it, however. In London the stock of crude is unusually large, 11,446 packages, 3,577 at same date in 1878; 7,118 in 1877; 6,123 in 1876; 9,646 in 1875.

Opium.—Is very firm, maintaining the recent slight advance, with a corresponding advance in morphias. Stock of *Opium* in London 970 cases against 1,801 cases same date 1878.

Cardamom Seeds.—Are higher than they have been for years, and likely to remain high. Stock in London 279 packages, same date 1878, 407 cases.

Ipecac Root.—Continues firm, and the stock in New York being almost entirely held by one house there is little prospect of a decline. Stock in London 194 ceroons, same date 1878, 217 ceroons.

Sulphate of Quinine, and bark alkaloid generally, remain high. The high price of sulphate of quinine has developed an active demand for sulphate of cinchonidine, the therapeutic efficiency of which is pronounced to be almost identical with that of quinine, while it is less than half the price.

Iodine and its preparations continue high, without any immediate prospect of a decline, as the manufacturers who recently formed a combination regarding advance continue harmonious in their views.

The Canada Medical Record.

MONTREAL, MAY, 1879.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Valedictory Address on behalf of the Graduating Class in Medicine, delivered at the Ninth Annual Convocation of the Medical Department of the University of Bishop's College. By James F. T. Jenkins, C.M., M.D., 197—Chorea: Pathology and Treatment. By Arthur Laphorn Smith, B.A., M.D., Member of the Royal College of Surgeons, England; Fellow of the Obstetrical Society of London; late House Surgeon to the East

(England) Children's Hospital; Lecturer on Minor Surgery, Medical Faculty, University of Bishop's College. (Read before the Medico-Chirurgical Society of Montreal, 16th May, 1879.).....200

CORRESPONDENCE 204

PROGRESS OF MEDICAL SCIENCE.

Drug Smoking, 205—Propylamine in Acute, Articular Rheumatism. By James L. Tyson, M.D., 206—How to make Trousseau's Cataplasm, 207—Case of Gestation prolonged to Fifteen Months, 208—Contribution to the Knowledge

of Pernicious Progressive Anaemia, 208—A Case of Puerperal Fever cured by Benzoate of Soda, 209—Local Uses of Tannin, 209—Treatment of Scarlet Fever, 210—Coffee and Egg for Sick Persons210

EDITORIAL.

To our Subscribers, 210—Complimentary Dinner, 211—Belladonna in the Treatment of Intestinal Obstruction, 211—Personal, 211—Obituary, 212—Reviews, 212—Medico-Chirurgical Society.....217

PHARMACEUTICAL DEPT. 221

Original Communications.

Valedictory Address on Behalf of the Graduating Class in Medicine, delivered at the Ninth Annual Convocation of the Medical Department of the University of Bishop's College. By JAMES F. T. JENKINS, C.M., M.D.

MR. CHANCELLOR, MEMBERS OF THE UNIVERSITY, LADIES AND GENTLEMEN,—It is a paradox that there is nothing new to be said since the time of Plato. There is certainly, little original or brilliant to be adduced in a valedictory address, the ground having been gone over so often and ably before. Still, it is with pleasure and with due appreciation of the great honor conferred upon me, that I address you on behalf of the graduating class which have just received the degrees of C.M., M.D.

We have just emerged from one of the first Universities in the Dominion, so aptly styled "*the Oxford of Canada*," and the Medical Department, though quite in its infancy, has, in less than a decade, worked itself to the front rank. The waves of trial, which have so long and fiercely beaten upon her walls, are now fast fading into obscurity, and her brightening prospects foreshadow a brilliant future.

This is an occasion both of joy and of sadness—joy, because we have reached the goal for which we have labored so long and so faithfully; sadness, because we have met for the last time to bid adieu to our friends, our honored Faculty, and to each other. Our paths, hitherto lying so pleasantly together, now diverge. A new era dawns upon our existence, and we enter

the domain of professional life. On such an occasion, nothing seems more appropriate than for us to pause and consider what will be expected of us in this new capacity.

We have a high and holy mission to accomplish. From an intellectual standpoint towering above the non-professional world, we command admiration and respect from the masses. We must climb the vantage grounds of knowledge, be actuated by exalted aspirations, cling to thoughts and conscience, renounce subterfuge and repudiate avarice; our motives must be above suspicion, our characters an impenetrable shield to the shafts of calumny.

It will be our duty to face the great enemy—Disease. From the cradle to the grave, from the lowly hut to the palace of the rich, from the fireside of the merchant prince to the death-bed of the pauper, our mission of mercy will extend.

When pestilence stalks abroad and epidemics devastate the country, when those around us are falling like leaves, nipped by death's untimely frost, and, though our post be the post of danger, still we must stand like the heroes of Thermopylae, preferring to face death rather than flee. 'Twill be ours to succor the weak and receive the blessings of the strong. 'Twill be ours to deliver the last sad announcement, "no hope," as we watch the faint glimmerings of life fading from the eye of the loved one.

"Glorious our aim! To ease the laboring heart,
To war with Death, and stop his flying dart;
To mark the source whence the fierce contest grew,

And Life's short lease on easier terms renew ;
 To calm the frenzy of the burning brain,
 To heal the tortures of imploring pain ;
 Or, where more powerful ills all efforts brave,
 To soothe the victim, no device can save,
 And smooth the stormy passage to the grave."

In this age, blessed above all others with brilliant intellects, we may justly anticipate serious competition in the avenues to fame—those avenues through which Hunter, Jenner and Simpson struggled to gain their immortal names. In all ages, the brightest stars that have illumined our professional sky, have risen to such eminence only by their own exertions. Let us, therefore, put forth the effort and, ere many years shall have passed over the roof of Bishop's College, many of these names, now so humbly reposing on the pages of its register, will be proudly flaunting from the banners of its outer wall.

The profession of the nineteenth century begins where their predecessors left off. It was their task to lay down general principles and establish facts for our guidance. It is ours to build upon these and extend our search into the broad ramifications of science. Their achievements were great, but there are still new fields to conquer. Gynecology and Hygiene offer special inducements for investigation. Less than a century ago, Gynecology and its sister branch stood merely as shoots which struggled with adverse circumstances for existence. It is true these branches were practiced to some extent, but the people were ignorant of their great value, and, as a result, this most essential and important branch of medical knowledge lay uncultivated; of late years, however, these branches have been taken up by many of the ablest and best of our profession. To-day the results of their labors are realized; the bloom of health and beauty encircles the brow of woman, and her life, as it were, is increased many years.

As sanitarians we are aware that strict obedience to the laws of health will enable us to resist disease. To prevent disease and prolong life is the grand drift of hygienic thought. Hygeia is a goddess whose truths are golden. Her influence is lifting medicine out of its old ruts, and establishing it upon a higher plane. Wise men are handling it and elaborating a philosophy of medicine for us as unlike any of

the old-time theories, and as superior to them as astronomy is to astrology. Doctors of the present day are working under a brighter sun than fell to the lot of their ancestors; they are rising above the mists, and bravely struggling to reach the heights beyond. Let us pause for a moment to consider this doctrine of preventible disease. The idea that man's surroundings and habits must influence his health, and thereby affect his longevity, must appeal to the common sense of all. And therefore we have springing up a growing and wide-spread public sentiment which cannot be resisted, and the time is coming when the wise of all nations will array themselves on the side of sanitary reform. It was the aim of our departed brothers to cure disease; it is our nobler aim to prevent it. Man's physical structure fits him to realize the promised three-score years and ten, and if he but subject himself to sanitary law he may reach even more, and from his pathway toward it preventive medicine will sweep away much disease and pain which blight his life of to-day. Much, I say, but not all. We cannot claim an absolute physical millennium as the outgrowth of sanitary science, as, no matter how far-reaching and comprehensive these laws, human nature forbids exact obedience to them; but still we must strive for their achievement, and true to our mission, must step up in line and march shoulder to shoulder with sanitary teaching till preventible disease is swept from the pathway of man and preventive medicine has secured to him a long lease of life. The world at the present time calls loudly for men who shall be strong exponents of sanitary science and indefatigable workers in its cause. The progress of the day, if properly understood, foretells that, great as is the advancement in the art of curing, the time is at hand when that of preventing will far outstrip it. If out of the many useful servants this University is preparing for every day work, but one be inspired to find a path through the darkness which surrounds the causation and prevention of disease, it would be "more than armies to the public weal." Surely the hope is not vain if we keep ever before us the motto, "*Sanos Sospitare Aegrosque Sanare*," expressing the double aim of our efforts.

Modern surgery opens up another field. Its valuable achievements of late years have conferred untold blessings on mankind. The dis-

covery of anæsthetics marked an era in its history.

The application of the ligature brought with it incalculable benefit, doing away with the *actual cautery* for the arrest of hemorrhage, and making it no longer necessary to perform operations with *red hot knives, molten lead and boiling pitch*.

Only a few years ago, Esmarch, the German surgeon, stepping into the arena, astonished the world with his bloodless bandage. By this bandage we are enabled to amputate limbs and perform many of the most difficult and perilous operations without the stain of blood upon the hands or knife of the operator.

It is useless to attempt an enumeration of the many and varied discoveries which have of late added such lustre to our calling, and still the march is onward.

There are yet unexplored and hidden depths that must be reached, but to enter we must be willing to carve our way.

There are dark pits along our pathway that but require illumination from intellect's light to reveal their hidden treasures.

There are grand fields spread out in richest beauty before us, but to reach them we must struggle.

Many are the trials we will have to encounter, many the temptations to overcome, but with truth, honor and justice inscribed upon our banners, with the fear of God and love of man implanted deeply within our hearts, we must stand firmly by our post, and grasp the responsibilities so voluntarily assumed.

In speaking of these serious matters, I had almost forgotten to address a word of encouragement and bestow our parting blessing on the jolly undergraduates; we assure you with all solemnity that if you only persevere you will receive many a hard tumble while grasping and wrestling with the problems of disease. These, as has probably been hinted to you before, are the happiest days of your lives. Where save in Bishop's College could you enjoy the privilege of a dozen or more written examinations a week? Where save in our splendid reading room could one secure the exquisite bliss of perfect quiet for hours together? And then, look at your pleasures in anticipation,—only a few thousand interesting lectures to attend and you will stand where we do to-day,

robed in the habiliments of your greatness. I fear, dear undergraduates, you do not appreciate your glorious advantages and pleasant prospect, but you will when you have gained the age and experience of *finals*. But I cease—it were ungenerous, weakened as you are by a year of uninterrupted study, thus to "harrow up your thoughts and cause each particular hair to rise on end;" and though your college days cannot be spoken of as "The days of Auld Lang Syne," let me beg of you as I leave your number, be earnest and industrious to the end.

On behalf of the present graduating class allow me to extend most heartfelt thanks to the ladies for their kind presence on this occasion. The lapse of years will bury many fond recollections, but the consideration, regard and hospitality you have shown us will ever hold a fond place in our memories.

Though our paths may lie among the snow-capped hills and icy plains of the North, or in the land of sunshine and flowers, the magnolia groves and cotton fields of the South, still wherever we roam, from the lethean waves, our grateful hearts will rescue many a cherished name around which will cluster the sweetest reminiscences. To you, representatives of the beauty and talent of Canada's metropolis, we must now bid an affectionate farewell,—

"Farewell! a word that must be, and hath been—
Around which makes us linger;—yet—farewell!"

Respected Dean and Professors,—By a decision of your honorable body, with the approval of the Censors appointed by the College of Physicians and Surgeons of the Province of Quebec, we are made disciples of the noblest art of man. We appreciate the duty entailed, the honor conferred, and the great task we undertake. The college which you represent shall ever hold a fond place in our affections; we, as her foster sons, feel deeply interested in her success, and, as we leave her halls, we can only rejoice with you in her increasing sphere of usefulness and influence. Rest assured that an institution founded and run upon the high principles you have enunciated, with the superior advantages you offer, must, by the force of ability and progress, succeed, and in the near future, send out yearly many Alumni to labor in the vineyard of humanity and strive for garlands of fame with which to deck their young *Alma Mater*.

As her Alumni we shall guard well the credentials she has given us, and labor at all times to prove ourselves worthy of them, and transmit to posterity fair and unsullied records.

As Valedictorian it becomes my pleasing duty to thank you for your kind attention at all times. Language cannot adequately express the gratitude we feel, or the deep reverence we shall ever cherish for your memory. You have equipped us from the laboratory of science with the burnished armor of our warfare, and entwined within our mind chains of gemmed thought culled from the harvest of your experience. When our missions here on earth are finished, may the ties which are to-day broken be more firmly united in that "beautiful land of rest!"

Fellow-students, when I realize that this may, perchance, be our last meeting on earth, it is with sadness that I would sever the ties which have bound us so closely and pleasantly to each other, but that sadness brings with it to me a valued pleasure, for, by the confidence you have placed in me, *this mark of your esteem in unanimously electing me to the 'high and unexpected honor of delivering this address*, poor poor as it may be in comparison with those of my predecessors, shall ever be remembered as one of the brightest events of my college career. To-day is certainly one of the most important and eventful of our lives. As we part, and go forth to seek our fortunes amid the ever changing scenes of life, let us not attempt to penetrate the mystic veil of futurity lest we transform prospects now so bright, but with brave hearts let us launch our barks upon the uncertain seas. If, perchance, the scene should change, and the tempests of life bear us roughly upon the waves of adversity, we must never falter, but strive to achieve some noble end. When the bloom of youth and fire of early life have faded from our cheeks, and the frosts of many winters hang heavily upon our brows, may the savory halo of a well-spent life cast a radiance around our declining age, and let us

"So live, that when the summons comes to join
The innumerable caravan that moves
To the pale realms of shade, where each shall take
His chamber in the silent halls of death,
Thou go not, like the quarry-slave at night,
Scourged to his dungeon, but, sustained and soothed
By an unfaltering trust, approach thy grave

Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams."

"For the boast of heraldry, the pomp of power,
And all that beauty, that wealth e'er gave,
Await alike the inevitable hour,—
The paths of glory lead but to the grave."

Chorea; Pathology and Treatment. By ARTHUR LAPHORN SMITH, B.A., M.D., Member of the Royal College of Surgeons, England; Fellow of the Obstetrical Society of London; late House Surgeon to the East London (England) Children's Hospital; Lecturer on Minor Surgery, Medical Faculty, University of Bishops' College. (Read before the Medico-Chirurgical Society of Montreal, 16th May, 1879.)

MR. PRESIDENT AND GENTLEMEN,—In the few remarks which I have the honor to make before you this evening, I had intended only to speak of the treatment of that combination of symptoms known as chorea; but as I got deeper into the subject I found it necessary to include in my paper a few words upon its etiology and pathology.

The first thing which strikes me in this regard is the marked variance in the opinions held by the principal writers on the subject; thus Sturges considers it to be a disease of the nervous system alone, and that it is almost always due to fright. Russel Reynolds holds that it is an affection of the sensori motor ganglia at the base of the brain, the corpora striata and the optic thalami. Hughlings Jackson has come to the same conclusion, and he is, moreover, convinced of the truth of the theory of Dr. Kirkes, viz: that this lesion of the ganglia is due to embolism of their vessels. Trousseau described it as the expression of a special diathesis, in much the same way that rheumatism is. Some hold that chorea is due to functional irritation of the nervous system by blood containing some morbid element. Others maintain that it is the result of weakness and loss of tone of the nerve centres owing to the absence of the necessary nutritive qualities in their blood supply. During my short professional career, I have been a firm believer in each of these theories in succession, as I listened in turn to the convincing arguments of each of their able exponents. But now, in the light of their experience and my own, reviewed with

an impartial eye, for I have no hobby as most of them had, I have come to the conclusion that I may find a safe and lasting refuge in the belief that chorea is to be regarded, not as a disease, but as a symptom of defective nutrition of a certain well defined part of the brain, which may be caused by many different diseases, and is therefore not to be referred to any single pathological condition.

I did not jump from one conclusion to the other without some good reasons. These reasons were facts illustrated by cases. Perhaps it would be interesting to some of the younger members to hear some brief notes of these cases, which are, of course, quite familiar to the older gentlemen present.

CASE I. A young man aged 19, exceedingly anæmic looking and exhausted, was admitted into the Hotel Dieu, Quebec, in April, 1874. He was very emaciated, and the skin over the bony prominences was much abraded. He was in constant motion, and never slept from the time of his admission until relieved by death, which took place next day. No organic lesion discovered at the post mortem. I only saw the case casually, and merely mention it as being one of the two cases in which I have seen death occur.

CASE II. A pale, thin, ill-fed little girl of twelve came under my own care at the Marine Hospital, Quebec, in 1875. All her limbs, her face and tongue were affected, and she staggered so much that she had great difficulty in walking to the hospital. When she sat down one leg was thrown violently over the other. She had a mitral systolic murmur, but had never had rheumatic fever. I gave her three grains of citrate of iron and strychnine and a drachm of cod liver oil three times a day, and I arranged to have her better fed. When she returned at the end of a week, only the left hand was affected, and the murmur had disappeared, while at the end of a fortnight, the movements were hardly noticeable.

CASE III. C. G., 14 years old, small for her age, daughter of a wealthy merchant, under care of Dr. B. She had never had rheumatism, but had always been nervous and delicate, and decidedly anæmic. Was obliged to leave school on account of chorea. She took citrate of iron and quinine during six weeks, at the end of

which time the movements had quite disappeared.

CASE IV. A sister of case II, aged 13, and with a similar history, became affected soon after her sister's recovery. Put on the same treatment, viz., strychnine and cod liver oil. Improved steadily, and menstruated for the first time after three weeks treatment. But chorea did not entirely disappear until the end of the sixth week. This was the sum of my experience when I went to London, and I concluded that chorea was due to anæmia, and, therefore, always to be cured with iron.

In the immense Out Patient Department of the London Hospital I saw a great many cases which, by their symptoms, and the result of ferruginous treatment, strongly tended to confirm that conclusion. But by and by my belief began to be shaken by one of the physicians, Dr. Stephen Mackenzie, again and again calling my attention to cases which had previously suffered from rheumatic fever, who had marked valvular disease, and in whom the choreic movements were almost limited to one side. Here is one of many such cases:—

CASE V. Fanny G., æt. 12; had rheumatic fever a year ago; has had valvular disease ever since. Her mother had had valvular disease followed by hemiplegia, which was thought to be due to embolism of the middle cerebral artery. The mother died, and the emotion which her death entailed was followed by an attack of hemichorea in the child. This Dr. Mackenzie explained by the vascular excitement causing vegetations and coagula to be swept off from the valves, which, entering one of the carotids, were carried upwards till they stuck in the middle cerebral artery. The muscular area affected by the choreic movements was the same as that affected by the mother's paralysis, viz., the area of distribution of the middle cerebral artery. Why should the same cause in the one case produce hemiplegia and in the other hemichorea? This is answered by the probability that in one case a large artery was plugged and the nutrition of the nervous matter was so seriously affected as to completely deprive it of its functions; while, in the other case, only the smaller branches or arterioles were blocked, no necrosis of nervous matter ensuing, but merely impaired or altered nutrition, leaving an unstable condition of the

nerve matter and its result—disordered function.

Here are two cases analogous to those of the mother and child, but occurring under my own immediate care at the East London Children's Hospital.

CASE VI. Molly —, a little girl about 8 years old, whom I found in the corner of Enfield Ward when I took charge of the surgical patients; had been admitted some weeks before on account of an ulcer of the cornea. In the course of a general examination I came upon an aortic systolic murmur, and, on enquiry, I found that she had had rheumatic fever. The ulcer gradually yielded to appropriate treatment, and she used to play about the ward almost well, until about a month after I first saw her, when the nurse one morning informed me that she would not get up, that she refused her food, and that she thought she was sulking. I soon found that she had complete hemiplegia. She was transferred to the medical side; her strength was kept up by judicious feeding, and her muscles were prevented from undergoing fatty degeneration, by means of a daily exercise with electricity; she was able to walk in two or three months.

CASE VII. A fine healthy looking boy of five years, good family history, never had rheumatism. A year ago mother noticed one morning that his left leg and hand were paralysed. In a short time, however, the paralysis was replaced by chorea, and he was able to walk, though his gait was staggering. On admission there was no chorea but his left hand and leg were very weak, and he had a peculiar staring gaze, as though he were looking into space. But he otherwise appeared so well and he fretted so much for his mother, that Dr. Eustace Smith, at his next visit, told me that I might discharge him. That night I examined his eyes and found the veins large and tortuous and the retinal fibres were so clouded that the usual distinct margin of the disc could not be seen. Double optic neuritis was sufficient evidence to diagnose a tumor of the brain, and I therefore kept him. Next day the symptoms of tubercular meningitis began to appear, and two or three days later he died. The post mortem showed a large tubercular mass the size of two walnuts, involving the right corpus striatum and optic thalamus, and a few tubercles and some recent lymph about the

base of the brain. Of course in cases like this no amount of arsenic, or valerianate of zinc or any other specific anti-choreic treatment would have had the slightest effect. These, as well as the large number of Hughlings Jackson's brain tumor cases at the London Hospital, in which choreic movements were a frequent symptom, convinced me that chorea was the result of defective nutrition of the motor ganglia of the base of the brain, and that this defective nutrition might be due either to pressure from a morbid growth or to embolism of one or more of its nutrient arteries.

I give the next two cases, selected from a great many similar ones, to show that the plugging of the artery may be due to another cause, viz., thrombosis, owing to disease of the vessel, at the place itself where the obstruction takes place.

CASE VIII. A girl aged 13, with a distinct history of hereditary syphilis, prominent forehead, depressed nose, notched, chisel-shaped upper incisor teeth; mental condition last few years very defective. Since six months before admission her left leg has been paralysed, and her left hand and arm have been more or less in constant motion. Sleeps very little. No optic neuritis. She was treated with iodide of potassium without avail, and she died two months later. Post mortem showed extensive syphilitic disease of the vessels, especially of the brain; probably leading to thrombosis.

CASE IX. From *American Journal Medical Sciences*. E. M., æt 7, contracted syphilis from her mother's nipples while nursing, and had a distinct rash; afterwards colds (snuffles?) and sore throat. When 7 years old had a slight but distinct attack of right hemiplegia, face included. Treated with mercury and iodide of potassium combined, and speedily recovered. Two weeks later she fell, receiving a wound over the right eyebrow, without losing consciousness. This caused her great pain, which went on increasing until a fortnight later, when the mouth was noticed to be drawn to the right, and the left arm slightly paralysed. This improved under iodide and electricity. Nine months later marked choreic movements of the right arm and leg were noticed, and soon after there was complete right hemiplegia, followed by coma and death.

A syphilitic history, positive successive

group of symptoms, and among them chorea, which yield as if by magic to special treatment, show that there was an organic lesion, and make it highly probable that this lesion was vascular. And this vascular lesion, in turn, was most probably occlusion of the minute vessels of the corpus striatum and neighborhood by inflammatory and degenerative changes, which are among the most common forms of developments due to syphilis; while the progress of the disease strongly favors the view that it was due to syphilitic thrombosis.

With regard to Dr. Sturges' theory, that chorea is due to a shock of the whole nervous system brought on by fright, I must say that although I regarded it at one time with feelings of derision, I afterwards met with so many cases in which the chorea came on suddenly after fright, that I am forced to admit that it is a frequent cause. Here are two such cases from the East London Children's Hospital.

CASE X. A chubby rosy-faced little boy of 6, while sailing his boat in the pond at Victoria Park, fell into the water. He was immediately rescued and conveyed home. He remained pale and unconscious for several hours, and next morning he was noticed to be the subject of choreic movements in *all* his limbs. Before this accident he had never had a day's illness.

CASE XI. Somewhat similar. A little girl who had always previously enjoyed good health was running down the street towards home, when a big dog ran out from a neighboring court, caught her by the dress and shook her. A woman who had witnessed the occurrence picked her up and tried to stand her on her feet. But though apparently conscious and crying, she was unable to stand. That evening she was noticed to be choreic on *both sides equally*; and she was brought to the hospital next day. In neither of these cases was any medicine given, and they both recovered within a couple of weeks.

Although as far as I am aware Dr. Sturges does not explain his theory, I may venture to say that it is evident to me that the shock to the sympathetic caused a spasm of all the vessels in whose walls the muscular element predominates; hence the pallor of the skin and the anæmia of the brain; which, immediately after the fright, was so great as to entirely deprive it of function, but which, as it passed off,

allowed the brain ganglia to send out only weak and inco-ordinated impulses. The cause being general, the chorea was bilateral. Such cases do not require much treatment. Those medicines which increase the vascular supply of the brain, such as opium and stimulants, are rationally indicated. But with rest and quiet the spasmodic condition of the vaso-motor nerve naturally passes off in the course of a few weeks.

There are cases of chorea, however, which are not so easily explained by the theory of defective nutrition of the motor ganglia. There was one such in the East London Children's Hospital nearly all last summer. She was a girl 13 years old, so well developed that she looked more like 16. She had never had rheumatism, she had never been frightened, she was fat, full blooded and had rosy cheeks, the picture of health. All the usual anti-choreic medicines were tried upon her, but in vain. The only thing which quieted her was a six-drachm dose of succusconi repeated every four hours, but the funds of the hospital not permitting such large quantities of the drug to be used for an indefinite period, that plan was abandoned. She had breasts that would have looked well on a married woman but she had never menstruated. Although it did not strike me then, I now believe that this latter fact was the key-note to the tune of her movements. Knowing as we do the intimate connection between the sympathetic nerves and the generative system, might not the irritation caused by suppressed menstruation to the ovarian and uterine branches of the former be sufficient to produce spasmodic impulses in the branches of the carotid plexus, which, as you are aware, regulate the blood supply of the area of distribution of the middle cerebral artery.

Finally there are cases of what the Germans call chorea major. In the receiving rooms of the London Hospitals they are called emotional attacks. I have frequently seen one of the fair and gentle sex borne in by four stalwart policemen, who tottered like nine pins in attempting to restrain her wild movements. The breath of such patients frequently exhales a strong odour of gin. I need hardly say such movements are not choreic at all, as the infallibility of the following treatment proves. Tell the bystanders that you can surely cure her in a very short time. Then squeeze a small stream of water from a sponge into the nostrils, at the

same time remarking that it has a peculiar effect upon the nerves, and that you must continue it until she is perfectly quiet. She generally becomes so immediately, at the same time drawing a deep sigh as much as to say, "You have got the better of me this time." They occasionally use bad language when going out.

I have seen frequent cases of chorea breaking out in schools by imitation. I do not regard them as true chorea, because they are not due to any brain lesion; they are merely a vicious habit to be cured as any other childish vice by appropriate moral or physical influence.

Broadbent, the best living authority on the subject, considers that the morbid processes in chorea are always such as merely weaken the force of the nervous apparatus without destroying its structure. Hence the weakness of the muscular force and the diminution of sensibility, so common in chorea; hence the frequent termination in paralysis. He gives to the condition of the system the name of delirium of the sensori motor ganglia of the brain. In ordinary delirium imperfect ideas are rapidly evolved, and there is no control over the mental processes; in chorea the control over the motor apparatus is wanting. The movements are excessive in number and extent, but without force or precision.

Time does not allow me to do more than mention those interesting cases of chorea in pregnant women, which generally begin at the fourth or fifth month and cease at delivery. Are they due to general anæmia, from poverty of the whole volume of the blood, or are they due to local anæmia of the brain ganglia, brought on by reflex irritation of the sympathetic? I think the latter, for, during the latter half of pregnancy, the uterus is a shut sac, whose walls, containing a close net-work of sympathetic nerves, are subject to a continually increasing distension.

There are cases again, such as the chorea of pneumonia, typhus, and other diseases, with which are associated profound exhaustion; in them the whole volume of the blood is probably at fault.

In either case the immediate exhibition of large doses of dialysed iron combined with stimulants is of the utmost importance, as such exhaustion as chorea is a symptom of must soon lead to death.

As chorea, to whatever cause it may be due, is a symptom of defective central nervous nutrition, and as sleep affords that rest so necessary for the repair of the nervous structures, I cannot insist too strongly upon the importance of administering chloral in those cases in which the movements are so severe as to deprive the patient of nature's great restorative.

The proximate object of this paper has been to prove that chorea is not a vague and mysterious disease, about whose pathology nothing is known, but that, on the contrary, it is a symptom of a well-known condition of the motor ganglia due to many diseases.

The ultimate object is to prove that the symptom is amenable to treatment, just inasmuch as, and not more than, the cause of the disease may be removed; and that, instead of commencing the treatment at the beginning of the pharmacopœia, as I believe is frequently done, and trying every medicine in turn until the case gets well itself, or dies, and then coming to the unsatisfactory conclusion that the last drug killed or cured it; we should rather search for the cause at the outset, and, having found it to be a subject for treatment, to treat it rationally from the very beginning.

Correspondence.

MONTREAL, May 10, 1879

To the Editor *Canada Medical Record*.

DEAR SIR,—Your article on "Inquests," in March number of *Canada Medical Record*, contains much with which I heartily agree, but the comments on a recent poisoning case, if you refer to the Gillespie case, require correction. You write: "it was stated under oath that a certain bottle contained enough poison in the dose prescribed to produce death."

My evidence was as follows, taken from the *Post* of March 11: "The quantity removed from this bottle, assuming it in accordance with the label, I do not consider sufficient to cause death. * * * * * Of the contents of this vial, I know nothing further than what is written on the label. It would require a chemical analysis to determine how much morphia it contained. If two ounces of solution of morphia had been used instead of two drachms, even then

the written dose I do not consider would be fatal."

You further say: "We learn that an ordinary dose of morphia is quite sufficient to cause death."

Evidence given by the second medical witness:

"Supposing the bottle to have contained two ounces of solution of morphia, I believe the quantity taken out sufficient to have caused death, providing the bottle was quite full. That quantity must have contained one grain of morphia, sufficient to destroy life under certain conditions of health."

By inserting the above corrections you will oblige the writer, and improve your otherwise excellent article.

T. D. REED.

Progress of Medical Science.

DRUG SMOKING.

In the *Practitioner*, for April, Dr. Reginald R. Thompson has an interesting and suggestive paper on the "Therapeutical Value of Drug-smoking." The subject is one that should interest every medical man engaged in the practice of his profession. For, just as the hypodermic injection of medicines has been found to be a valuable therapeutical innovation, so the day may come when the lungs will be found a common and useful medium by which drugs may be made to enter the system.

It is somewhat remarkable that although there are five or six methods by which medicines may be introduced into the circulation, it is only recently that any other channel than those of the stomach and rectum has been generally selected. Even the practice of administering drugs per rectum has fallen into unmerited neglect, notwithstanding the distinguished therapist, Graves, used to show in his "Clinical Lectures" what advantages may be obtained by giving remedies in this way. As for administering medicines externally, through the medium of the skin, it has scarcely been thought of in modern times; yet, whoever is acquainted with the writings of the ancients must have been struck with the frequency with which they ordered certain drugs to be applied to the skin, in order to secure their constitutional effects upon the system. Virtually, therefore, there remain at the present time but two channels by which medicines are made to enter the system, namely, the stomach and the subcutaneous cellular tissue; and therefore it becomes a question whether the extensive and vascular surface offered by the bronchi and vesicles of the lungs might not be put into requisition for the administration of many drugs that are now nearly always given by the stomach. The less the tissue intervening between

the channel of introduction and the blood-vessels, the more rapid will be the absorption, the more intense the effect, and consequently the smaller will be the requisite dose. Considering then, observes Dr. Thompson, the special arrangement of the blood-vessels in the lungs as so disposed that the interchange of gases should take place freely, with as little let and hindrance as possible, it might be fairly conjectured that absorption through the air passages would more closely approximate to the immediate introduction into the blood-vessel in rate of absorption and intensity of effect than any of the other modes of administration.

There are several ways in which medicines may be administered into the lungs—by inhalation with steam, as atomized fluids; by insufflation, or by fumigation with powders, prepared so as to burn freely in the air, or, lastly, by smoking. The simplest and surest method is, in the opinion of Dr. Thompson, the use of paper soaked in a weak solution of nitre to make it burn continuously, and dipped afterwards in the tinctures or solutions of the drugs to be tested, the paper being rolled into cigarettes of uniform size. In order, however, to disguise the odour of burnt paper, a little tincture of tobacco is used, as in the following formula, which represents the basis for each cigarette:—Swedish filtering paper, size 4 in. by $2\frac{1}{2}$ in.; potassæ nitratis, $\frac{1}{4}$ gr.; tinct. tabaci, $\mathfrak{M}\text{x}$.; olei anisi., \mathfrak{M} $\frac{1}{8}$ (tincture of tobacco made with $2\frac{1}{2}$ ozs. of the leaf to a pint of spirit). A solution of any drug can then be prepared, and the paper having been floated through the solution, in a flat dish, when dry can be cut into a certain size, and the dose thus accurately measured. Opium was the first drug experimented with, and one-eighth of a grain of the drug the dose at first tried; but it was soon found that the effects produced by smoking this quantity were too intense, and it was at last discovered that one-sixty-fourth of a grain of the extract of opium was sufficient for an initial dose. Cigarettes with this quantity of opium were smoked by Dr. Thompson and three other healthy men, and in a few minutes a decided effect of dizziness was produced. The cigarettes were smoked in the ordinary way, the smoke being partly rejected, but if the full effect of the dose be desired, the smoker should be instructed to expand the lungs with full inspiration and retain the smoke in the lungs. In the case of one healthy man the dose was increased to one-thirty-second of a grain of the extract, but this, together with the same dose of stramonium caused too much and too prolonged dizziness. Dr. Thompson cites several cases in which the smoking of these cigarettes appeared to have been followed by the most satisfactory results. In one case so small a dose as the two-hundredth of a grain of opium procured many hours of sleep, a result which far surpasses that obtained from the subcutaneous injection, a mode of administration which has hitherto been looked upon as likely to give the most concentrated results.

Such are the chief facts and recommendations contained in Dr. Thompson's paper, the highly suggestive character of which cannot, in our opinion, be

overrated. We say this advisedly, for, unless we are too sanguine, several great advantages may in some cases result from smoking medicated cigarettes. "Drug Smoking" may secure the speedy and successful action of medicine in cases in which its ordinary mode of administration has proved a failure. In asthma we may look forward to very good results from the smoking from certain drugs; for hitherto chloroform, stramonium, and the datura satula have been almost the only drugs the inhalation of which has been generally employed in this disease. Even the fact of it furnishing a means of giving drugs in a convenient and agreeable form is a strong recommendation for drug-smoking. How many patients there are who would prefer smoking a cigarette to drinking a nauseous mixture or swallowing a bulky pill! Besides, as Dr. Thompson says, the few vapours that are on the list of the British Pharmacopœia are of modern date, and there is a total omission of any means for the pulmonary introduction of drugs by smoking. We, therefore, hope that Dr. Thompson and other observers will continue their investigations into this method of administering drugs, for it aims at making some of our standard medicines both more powerful, more efficacious, and more palatable, than they are at present.—*Dub. Med. Press*, May 7, 1879.

PROPYLAMINE IN ACUTE ARTICULAR RHEUMATISM.

By JAMES L. TYSON, M.D.

This alkaloid (trimethylamine C_3H_9N) has long been employed in Continental Europe, and enjoyed a high reputation for every form of rheumatism, but I am not aware of its very extended use in this country. Professor Bartholow speaks of it, in his *Materia Medica and Therapeutics*, as moderating the fever and joint-pain, and "very decidedly shortening the duration of the disease;" and Dr. Gaston, in the *Indiana Journal of Medicine*, extols it as a prompt and efficient remedy in all uncomplicated cases, "subduing pain and soreness in from twenty-four to forty-eight hours." That its efficiency in the treatment of acute articular rheumatism has not been overestimated will scarcely admit of a doubt, in view of results where I have recently employed it. More extended observation and repeated trial, I am inclined to believe, will fully justify the merits ascribed to and the encomiums awarded it in this complaint, and would commend it to the earnest consideration of those whose prejudices excludes salicin and its compounds from their materia armamentaria. An important prerequisite is, that the alkaloid and its chloride be *pure*, which is not always the case. The best which I have seen were from the laboratory of the Messrs. Nichols & Co., of Boston, and that of the Messrs. Rosengarten, of Philadelphia, both being perfectly reliable preparations.

It would appear to be a settled conviction in

the minds of some medical authors, for the past thirty years, and even of the present day,—men whose authority on many medical topics is unquestioned and unquestionable,—and enunciated as an aphorism with singular unanimity from which there was no appeal, that this distressing and painful affection *must run its course*, will *yield to no treatment but palliative*, and cannot be "stopped." If one cultivates the impression that this malady is beyond his control, that its arrest is impossible, would it not be well to cease his visits to a patient laboring under it, for the latter's benefit? Facts may resolve and dispel this enigmatical fatuity. I would record my unqualified dissent from such oracular teaching, with the explicit declaration that it can be, and has been "cut short" time and again, both in hospital and private practice, if we may credit the numerous reports of medical gentlemen whose names and characters attest their truth and integrity. It has occurred to myself, over and over again, to "break up" an acute attack of articular rheumatism, in periods varying from five to ten days, occasionally a little longer, without a vestige of pain or swelling being left, and not a trace of heart complication, by the employment of salicylate of sodium or vinous tincture of colchicum, separately or in combination. Under this treatment, patients require to be frequently seen, and their conditions and variations accurately noted. Cases are now and then met with where these agents cannot be used, either from idiosyncrasy or some latent cause, grave depression, hyperæsthenia, and nausea being so persistent as to forbid their further trial, and a resort to diffusible stimulants and tonics is imperatively demanded. Such instances have happened in my own practice, two of which I refer to more particularly as exemplifying the advantages we possess in propylamine. The patients were females, between 20 and 30 years of age, and each was attacked, at different periods of time, with pain and swelling of the wrists, and in one the phalangeal and metacarpal articulations were swollen and sensitive. From thence the pain radiated to the elbows, the shoulders, the sterno-clavicular articulations, the chest walls, involving the intercostals (pleurodynia), causing considerable dyspnoea, wandering to the hips, sacrum, femoral fasciæ, knees, ankles, and feet, including the aponeurotic expansion on the sole and dorsum of each foot. The fever was intense, the pulse ranging from eighty-five to ninety, accompanied by redness and swelling in all the parts implicated, with a hot, moist, perspirable skin. This was very nearly the condition of each. Finding that neither could tolerate any preparation of salicin or of colchicum, I resorted to propylamine, using the chloride, the rather disagreeable taste of the alkaloid rendering it objectionable to some; the latter being equally potential in this complaint, its slightly

saline character leaving a not unpleasant impression on the mouth. It was combined as follows:

R Propylaminæ chloridi, gr. xxiv ;

Aq. menthæ piperitæ,

Aquæ, aa fʒ iij.

M. Sig.—A tablespoonful every two or three hours.

The dose of propylamine is six drops, similarly prepared and administered. Giving the chloride as above, two grains every two hours, and swathing all the joints in cotton batting, benefit was apparent in the first twenty-four hours. For the pleurodynia a weak sinapism was applied to the chest for fifteen or twenty minutes, followed by a warm mush cataplasm. These were alternated occasionally through the day. In the one case ten days elapsed, when I could pronounce my patient well ; in the other, five days passed, when she was entirely convalescent. A tonic of quinia is advisable when rheumatic symptoms have subsided. No disturbance or appreciable influence was manifested in the therapeutic action of the propylamine, other than a gradual abatement of fever, pain, swelling, and all the distressing nervous concomitants of acute articular rheumatism.

Would it have been a wise practice to abandon such cases to *palliatives and nature*, and allow them to run on indefinitely for weeks or months, terminating, in all probability, after a uselessly protracted suffering, by leaving the system more liable to renewed attacks, and the wretched accompaniment or prospective of valvular lesion of the heart, involving hypertrophy of that organ, with its fleshy columns and tendinous cords, and possible dilatation, often vaguely recognized, but not inaccurately designated, a rheumatic heart ?

The good old Spanish maxim may convey a hint for some therapeutists to ponder : *Ciencia es locura si buen senso no la cura.*

Shadyside (Penllyn P. O.), Montgomery Co., Pa.—*Phil. Med. Times*, May, 1879.

HOW TO MAKE TROUSSEAU'S CATAPLASM.

Dr. Dieulafoy (*Lyon Méd.*, January 26, 1879), who has frequently applied this cataplasm with much success, gives the following directions for its preparation : Take, according to the size of the affected articulation, three or four pounds of bread—four pounds are sufficient for the knee-joint, two pounds for the wrist. Cut it into pieces, removing carefully the hard portions of the crust, and soak the bread for about a quarter of an hour in water. It is then taken out, tied into a cloth, and squeezed to express a part of the water absorbed, so that the bread remains moist, but not too wet. It is then put into a steam bath, and allowed to remain there for three hours, when it becomes like dry paste, which is softened by the addition of camphorated alcohol. This dough is then kneaded for about five minutes, till it is of the

consistence of plum pudding. This is the most delicate point in the making of the cataplasm, because if it is too soft it will give way, and spread out under the pressure of the dressing, and if it is too hard it is apt to crumble and break into small pieces, which might injure the skin. The degree of consistency of the cataplasm must, therefore, be very carefully supervised, because, unless one is in the habit of making it, there is always a tendency to make it too soft, either because the bread has not been squeezed sufficiently before having been put into the steam bath, or because too large a quantity of camphorated alcohol has been poured upon it. The dough, having thus been prepared, it is spread on a linen bandage in the shape of a rectangle, large enough to cover the whole of the joint. The poultice must be at least one-third of an inch thick at the edges, in order to prevent the thinner portions from drying too quickly.

The surface of the cataplasm is then painted with the following liquid mixture: camphor, seven grammes ; extr. op., five grammes ; extra. bellad., five grammes ; alcohol, q. s.

This being done, it is applied by being put over the affected joint, and covered by non-evaporant covering. The whole is then firmly fixed by means of a long flannel bandage, over which is placed a linen one of the same length. These bandages vary in length, according to the size of the joint, and, consequently, to the size of the poultice. The joint having been thus bandaged, it must remain perfectly immovable ; the compression, although firm, must not cause the underlying parts to become œdematous ; this may be prevented, however, by bandaging them also. In order to prevent the layers of the bandages from slipping, they must be sewn to each other. The cataplasm then remains in the same position for eight or ten days, after which time it is removed, and found to be fresh and moist as if it had been just applied ; it still smells of camphor, and does not present the least trace of mould. The skin which has long remained in contact with it is perfectly healthy, unless the cataplasm should have been too thin at the edges, thereby either drying too soon, or giving way under the pressure of the bandage, and causing the skin to excoriate. This is Trousseau's cataplasm. At first sight it may appear too expensive for poorer patients, because the cost of the material amounts to from two-and-sixpence to five shillings, if the appliance is made in a hospital. If, however, we consider that the expense having been once incurred, the cataplasm remains in its place for at least eight days, during which time no other medicine is given, we are soon convinced that it is even cheaper than most other appliances. The indications for the use of this cataplasm are so obvious that they need not be repeated here. In every kind of chronic or subacute inflammations of the joints, when other means, such as blisters and cauterization, have proved unsuccessful, and even in the first instance, Trousseau's cataplasm will be found most useful and advantageous.—*London Med. Record*, March 15, 1879.

CASE OF GESTATION PROLONGED TO FIFTEEN MONTHS

Dr. Henderson reported (*Am. Journal of Obstetrics*, April, 1879) the following case in which the duration of pregnancy is said to have been prolonged to fifteen months:

He was called in the latter part of January, 1860, to see a lady about 35 years of age, who was the mother of several children, and quite healthy. Her previous confinements were in no particular remarkable. She had menstruated regularly until the previous December, which period she missed, making the flow in the early part of November the last previous to the time he was called. She had a slight hemorrhage from the uterus, associated with more or less pain in the lower part of the abdomen. The womb upon examination was found enlarged to about the size that we would expect to find it at the period of two or two and a half months' gestation. The patient expressed herself well satisfied that she was pregnant, and feared very much that she would have an abortion. He prescribed sulph. morphia and enjoined rest which soon relieved her.

She continued to develop until about the proper time, when she quickened, which led her to suppose that she would be delivered about the middle of August following. He said that he saw the patient frequently from the time he had been called, and believed from her appearance that she would be confined at about the anticipated time. She, however, continued for a month of more over the expected period, and becoming uneasy again, sent for him. He made an examination and found the uterus to all appearance at the full period of gestation, but the os was not in the least dilated.

The patient said to him that she had felt the movement of the child from the period of quickening up to that time, and that the motion, so far as she could remember, was just the same as in her former pregnancies. She continued in this condition until about the first of November, at which time he made another examination, and found the uterus apparently larger, but in every respect about the same as it was at the last examination.

He now left the patient in the care of another physician, as he expected to be absent for a few months. About the middle of February, 1861, he was sent for again, as both patient and physician were becoming quite uneasy. Before leaving the city, he consulted Prof. M. B. Wright, concerning the case, who expressed himself quite hopefully as to the final result, saying that he had seen cases of prolonged gestation, but that they had all terminated favourably, although he admitted that he had never seen one quite so prolonged as this one seemed to be.

Dr. H. again visited his patient in consultation with the physician with whom he had left the case. Found the patient apparently, in good health, but with the abdomen enormously extended. She had not had labour pains up to this time, which was the 15th of February, 1861, making in all fifteen months since she supposed herself to be pregnant. The os was

considerable dilated and dilatable. A suspensory bandage was improvised and the weight of the abdomen suspended from her shoulders.

In a day or two labour came on, and after a tedious and painful labour, they were compelled to deliver her with the forceps:

The child, weighing *sixteen pounds and a half*, was still born, having evidently died during the labour, as was clearly proven from the fact that the movements of the child were distinctly felt up to within three hours of its delivery.

Dr. H. then said that, although he had given a faithful history of the case, yet he could not help feeling that there would be in the minds of many, if not all, who heard his remarks, serious apprehensions after all that there must have been some mistake about the case. He, however, felt it to be his duty to narrate the circumstances, notwithstanding the serious doubts to which it might give rise.

CONTRIBUTION TO THE KNOWLEDGE OF PERNICIOUS PROGRESSIVE ANÆMIA.

C. M. Sörensén, Copenhagen ("Allg. med. Centr. Ztg.," No. 54), from observations of eleven cases of progressive excessive oligocythæmia, concludes that the etiology of this always fatal disease is still unknown, and mode of origin generally spontaneous. The blood was first examined and found to be pale and transparent. A mixture of blood from such patients with artificial serum was always so pale that from this alone the disease could be diagnosed. The number of blood-corpuscles counted according to Malassez's method was only one-fourth to one-twelfth of the normal number. As soon as the number had become reduced to about half a million, death ensued; it must, therefore, be assumed that this quantity is necessary for the preservation of life. The red corpuscles were also abnormal as regards size, form, and color. The serum had an alkaline reaction, and did not dissolve the red corpuscles of a healthy subject. The disease developed in a latent manner; in no case could its commencement be determined. The symptoms consisted in gastric derangements, anæmic symptoms, pale-yellowish but icteric color of the skin, a certain *embonpoint* in spite of great debility, bellows murmur over the heart and neck vessels, constant hæmorrhages on the retina, irregular febrile attacks without ascertainable cause. Death was sure to ensue after a longer or shorter course. Of the eleven cases, nine were examined *post mortem*, and the following condition was found: thinness of the blood; granular degeneration of the glandular tissue of the liver, kidneys, and supra-renal capsules, and of the heart; the internal coat of the aorta had undergone fatty degeneration; capillary hæmorrhages were found in the tissues, arising from degeneration of the capillary wall. Aside from lesions ascribable to faulty nutrition and mal-assimilation, no other pathological changes of etiological value were noticed. The above eleven cases were observed in the course of a year and a half in the hospital. Seven of them were men, four

women. In the latter no connection with pregnancy or parturition could be found, as was stated to be in Gusserow's case. Nor could the cause in any case be ascribable to unhealthy occupations, privations as Bierner believes, nor to hereditary disposition. One patient only stated that the exertions during vigils with a sick sister and grief over her decease were the probable cause. The author conjectures the origin of the disease to be in a faulty formation of the red corpuscles, and opposes the hypothesis that their mere transformation is the cause; for in this disease the nutrition of the tissues is rather increased than diminished. For the purpose of exact diagnosis the author emphasizes the counting of the red corpuscles and by differential diagnosis between it and other oligocythæmic conditions, severe cases of chlorosis. In one case transfusion, but without success, was tried, nor did other methods of treatment avail. The prognosis is, therefore, most unfavorable.

A CASE OF PUERPERAL FEVER CURED BY BENZOATE OF SODA.*

Centralblatt March, by Dr. Petesen in Gravenstein.—As there is no case known to me in medical literature of puerperal fever treated by benzoate of soda I send the following short account of one: A primipara, æt. 25, twelve days after confinement was taken with puerperal fever. There was severe perimetritis on right side and slight at the fundus uteri with great pain and meteorismus. Diarrhœa, pulse 140-150, temperature 104. After use of 15.0 ($\frac{3}{4}$ ss) salicylate soda, temperature came down to 101.4, but followed by dangerous collapse, great dyspnoea, and increased meteorismus. After diligent use of wine and strong beer the pulse returned and then quinine was ordered every two hours. This was followed by such ringing in the ears it was changed to 7.5 ($\frac{3}{4}$ ij) salicylate soda in two evening doses. Then as an experiment only 15 grains was given and the temperature again reached 104, while the pulse was not lessened in frequency. Then 5.0 ($\frac{3}{4}$ j gr. 15) salicylate soda was ordered in a single dose and next morning there was again collapse, and again life was saved by wine. Then I ordered, upon Schüllers' recommendation of benzoate of soda in septic infection of all kinds, a solution having the strength of 10.0 to 200.0 ($\frac{3}{4}$ 2½ to f $\frac{3}{4}$ 6½) a tablespoonful to be given every hour. The pulse sunk to 130, the temperature still 104, but the dyspnoea had disappeared and the general condition of patient was better. The meteorismus had gone, perhaps from the application of 30.0 ($\frac{3}{4}$ j) unguentum mercuriale made in three days, probably however from the effects of the benzoate soda. The temperature fell then to 103.7, the pulse to 120, and

the patient slept. I must here add that before the use of the benzoate soda, quantities of sordes were developed on the lips and tongue and decubitus had set in. These complications began to heal immediately upon beginning the benzoate soda, and entirely disappeared upon continuing the same with the conjoined use of borax and ungt. plumbi as an application. I increased the dose of the benzoate to 15.0 to 200.0 ($\frac{3}{4}$ ½ to f $\frac{3}{4}$ 6½) which caused the temperature to fall to 101.3 and the pulse to 104 while the patient suffered no inconvenience. I should not like to draw conclusions from one almost hopeless case although it turned out so well, but I should like to recommend a more extended trial of the benzoate of soda in "lying in" troubles.

LOCAL USES OF TANNIN.

Dr. G. P. Hachenberg, *New York Medical Record*, reports several cases of the use of this remedy in prolapsus uteri, where other means had failed to afford relief. His method is as follows: A glass speculum is introduced into the vagina, so as to push the uterus into its place. Through the speculum a metallic tube or syringe, with the end containing about thirty grains of tannin, is passed. With a piston the tannin is pushed against the uterus, the syringe withdrawn, and the packing neatly and effectually completed with a dry probang, around the mouth and neck of the womb. After the packing is completed, the probang is placed against the tannin, in order to hold it, and the speculum is partially withdrawn. The packing is now fully secured, and the instrument removed.

The application of tannin holds the uterus firmly and securely in place, not by dilatation of the walls of the vagina, but by corrugating and contracting its parts. At first the application may be made weekly; finally, but once or twice a month. It not only overcomes the hypertrophy and elongation of the cervix, but even, the writer thinks, induces a slight atrophy of the parts. As a remedy for leucorrhœa, where the seat of the inflammation is at the mouth of the womb, or within the vagina, it actually gives speedy relief. The doctor also reports a case of chronic ulceration of the rectum which was cured after a few weekly packings of tannin. He has found, moreover, that, in affections of the throat, direct applications of tannin to the diseased parts gives satisfactory results. In a case of extraordinary hypertrophy of the tonsils, preparatory to the operation of extirpation, tannin mixed with tincture of iodine to the consistency of syrup, was applied with the effect of so diminishing the hypertrophy that a surgical operation will, in all probability, not be necessary.

No remedy has given such satisfactory results in certain forms of chronic ophthalmia

* Benzoate of Soda comes in needle shaped crystals soluble in water and of a sweet, penetrating taste. Benzoic acid and its salts change uric into hippuric acid and the union of the latter with inorganic bases is soluble. Therefore Benzoate of Soda has been recommended in uric acid diatheses.—[Translator]

and opacity of the cornea, as tannin once a week placed under the eyelids—pure well triturated tannin. An aged lady, who had chronic ophthalmia, was relieved by one application; another, who was blind from opacity of the cornea and chronic ophthalmia, recovered her sight mainly from the local use of powdered tannin.—*Boston Med. and Surg. Journal.*

TREATMENT OF SCARLET FEVER.

The late Prof. George T. Elliot, in a lecture on this disease, gave the following method of treatment: To bring the eruption out, if it has not already presented itself, order hot baths and blankets. Give nothing to eat at first in the eruptive state, and only the simplest nourishment the first day. Patients experience great relief from baths, and the application of cold cream, or mutton tallow over the whole body. Visit the patient twice a day. By pouring a pitcherful of cold water over the back of the neck, especially when the glands are enlarged great comfort is experienced. As a gargle make use of chlorate of potash or soda. Pieces of ice are good in the mouth. Sprays thrown in with Richardson's instrument, of lime water, solutions of alum and sulphate of zinc are beneficial. As a palliative to the throat, the vapor from slacked lime can be recommended. Strong beef tea with opium, may be thrown up the bowel. Begin to feed the patient from the second day of the eruption with animal essences. If the tonsils are enlarging and the pharynx exhibits much redness, with diphtheritic exudation, the physician has a right to say that things look bad. If the throat symptoms do not mitigate on the fourth or fifth day, the voice being affected, then one feels that there is a good deal of danger. When the kidneys show, by peræmia, desquamation, or transitory albuminuria, then there is a two-fold danger. Always examine the urine when the patient has kidney disease; the treatment should be directed to the skin and bowels; when the latter are loaded and constipated, give powerful saline cathartics.

To convalescing patients the use of iron is beneficial. The bisulphites have been recommended, but from experience they can not be advocated. Belladonna is not always a prophylactic, although, on account of its innocence, and a feeling of satisfaction to the practitioner and family, it is well to administer it.—*N. Y. Medical Record.*

COFFEE AND EGG FOR SICK PERSONS.

It is said that life can be sustained by the following when nothing else can be taken. Make a strong cup of coffee, adding boiling milk as usual, only sweetening rather more; take an egg, beat yolk and white together thoroughly, boil the coffee, milk, and sugar together, and pour it over the beaten egg in the cup you are going to serve it in.

THE CANADA MEDICAL RECORD, A Monthly Journal of Medicine and Pharmacy.

EDITOR:

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MONTREAL, MAY, 1879.

TO OUR SUBSCRIBERS.

We enclose accounts in this present issue to all our subscribers outside of Montreal. We would ask them as a *very special favor* if they would promptly remit the amount, as we have a heavy payment to make about the middle of June. To show how necessary it is to pay the subscription promptly, we might add that our first year's expenses were about \$600, this year they will amount to over \$1,300, this increase being due to several causes: first, by adding four pages more of reading matter; secondly, by a marked increase in the quality of the paper; and, thirdly, by an increased number printed to supply new subscribers (many of whom have only partially paid their subscriptions); and, lastly, by a large increase in the number of pages devoted to advertising. We try to give a good and a *cheap* journal,—show your appreciation of our efforts by prompt payment.

The recent death of an infant in one of the villages on the outskirts of Montreal, from an overdose of a narcotic syrup, known and sold to the public under the name of "Dr. Coderre's Infant's Syrup," brings prominently before the profession the position occupied in connection with this nostrum by an exceedingly respectable and influential body of medical gentlemen. We do not propose to criticise the action of Dr. Coderre in introducing this nostrum for general sale among the public, simply, because it is beneath criticism. The act carries with it its own condemnation. But we do propose to enter our earnest protest against the respectability which is thrown around this preparation by its being advertised as being prepared with the approbation of the Professors of the School of Medicine and Surgery of Montreal, Medical Faculty of Victoria University. These gentlemen, at this moment, are the representative men of the French medical profession in the western portion of the province of Quebec; they are, in many ways, or should be, the guardians of its interests. How can they expect to receive

the respect to which their position entitles them when they allow the influence of their names and their school to recommend to the public a preparation which, among the great bulk of the profession in this city, is looked upon not only as a quack medicine, but one of a highly dangerous character? We can but think that in this matter they have allowed themselves, out of pure good nature doubtless, to be placed in a position which is not a worthy one for them to occupy. The longer they continue to fill it the more will be the responsibility which will rest upon their shoulders for having committed, what is generally considered to have been a grave error. We feel that the position of Dr. Coderre, as Professor of *Materia Medica* in the Faculty of the School of Medicine, under the circumstances of his advertising two quack remedies,—for any remedy recommended to cure so many diseases as is Dr. Coderre's Tonic Elixir is certainly a quack remedy—is a most extraordinary one. It certainly cannot impress students with an exalted estimation of the profession they are striving to enter, when one of those, who is their teacher, is found advertising remedies—in exactly the same style as those who are known throughout the world as quack medicine vendors.” The “School” should not withdraw their endorsement of his remedies, if this was done he should be asked to conduct himself as a regular practitioner; if he does not, in our opinion, he should not occupy the position he now fills.

A correspondent, who does not append his name, or sign it, save by two **, writing from Boston to the *Chicago Medical Journal and Examiner* for May, 1879, says: “The fixed rule of every physician should be to visit his scarlet-fever patients last of all. Upon reaching his house he should take a bath and change his outer garments, hanging in the open air for several hours those he has just put off. He should likewise quarantine himself in his office, and take his meals and sleep there until he has done with scarlet fever.” While we endorse the necessity of taking every possible precaution, while attending all contagious diseases, we yet think that **, while desiring to be very careful, has made himself ridiculous. Would he like to be quarantined in the fashion he recommends? We doubt it.

COMPLIMENTARY DINNER TO PROF. GROSS.

On the 10th of April, the medical profession of Philadelphia tendered to Prof. S. D. Gross a complimentary dinner on the occasion of the fifty-first anniversary of his doctorate. In memory of the occasion Dr. Gross was decorated with a gold medal, set with diamonds, and bearing on its reverse this inscription: “Presented to Dr. S. D. Gross by his medical friends in commemoration of his fifty-first year in the profession, April 10, 1879.” A number of distinguished members of the profession from distant cities were present, the occasion passed off with great *éclat*, and Dr. Gross was the recipient of congratulations on every hand.

BELLADONNA IN THE TREATMENT OF INTESTINAL OBSTRUCTION.

Dr. Norman Kerr, of London, reports five cases of intestinal obstruction which have been cured by the administration of large doses of belladonna. One or two grains were given every hour, together with warm opiate fomentations to the abdomen. The cause of the obstruction is not stated, but all the patients are described as being in a dangerous condition, but were entirely cured—the remedy taking effect in six or nine hours. It is to be regretted that in these cases the cause of the obstruction is not, when it can be ascertained, carefully noted, or at least, the clinical history of the case, as, by such omission, the reader has no guide as to the peculiar conditions in which the belladonna treatment is likely to be serviceable. From our own experience of this drug we should strongly recommend the reader to use it in many cases of intestinal obstruction, for, if it does nothing more, it often, as Dr. Brinton said long ago, relieves the tormina and tenesmus with which this affection is generally accompanied.—*Philadelphia Reporter*.

PERSONAL.

At the grand review held in Montreal on the 24th of May (Queen's birthday) the following volunteer militia medical officers, from places outside of Montreal, were present on the field with their respective corps:—Surgeon Olcott, 13th Regt., Brooklyn, N.Y.; Assistant Surgeon Watt, 13th Regt., Brooklyn, N.Y.; Surgeon Thorburn, 2nd Batt. (Queen's Own), Toronto; Surgeon Bell and Assistant Sur-

geon Malloch, Governor's Foot Guards, Ottawa; Surgeon Wilson, Ottawa Field Battery; Surgeon Gilmour, Shefford Field Battery; Surgeon Neilson, "B" Battery, Quebec; Surgeon Parke, 8th Batt., Quebec.

Dr. G. P. Girdwood, of Montreal, has been appointed Lecturer on Chemistry in the Medical Faculty of the University of McGill College, vice Dr. Craik, resigned.

Dr. J. W. Pickup (M.D., McGill College, 1860) has just removed from Pakenham, Ont., to Brockville, Ont., where he will in future reside. Dr. Pickup, during his somewhat long residence in Pakenham, had obtained the esteem and affection of its inhabitants, and his departure was a cause of deep regret to them all. He was the recipient of an address from the Masonic Lodge of the town, he having occupied the position of W.M.; also that of Deputy District Grand Master (Masonic) of the Ottawa District. He was also entertained at a complimentary supper, at which the kindest expressions with regard to his future were uttered by all present. Dr. Pickup, we were pleased to notice, was at the last meeting of the College of Physicians and Surgeons of Ontario the examiner on Physiology and Histology. Dr. Pickup has many friends in Montreal, and all will unite in wishing him every possible success in his new sphere.

OBITUARY.

DR. CHARLES MURCHISON, F.R.S.

It is with great regret that we record the sudden death of Dr. Murchison. Dr. Murchison, who had been twice a victim to scarlet fever, had suffered somewhat severely from aortic disease of the heart for some six or seven years past, a sequel upon the fever. He often referred to his death in conversation, remarking that his disease was such as to lead him to anticipate that he would one day be driven home lifeless from his daily round of visits. On Wednesday, April 23rd, after parting with a patient he stooped to open a lower drawer in his consulting-room, and, without any immediate premonitory symptom, his heart ceased to act, and within a few minutes he was found dead.

Dr. Isaac Hays, of Philadelphia, the well known physician, and senior editor of the *American Journal of the Medical Sciences*, died at his home April 13, 1879, after a brief illness,

in his eighty-third year. Although an eminent practitioner, Dr. Hays's reputation has come principally from his connection with medical periodicals and his numerous contributions to learned societies. He was one of the charter members of the American Medical Association, its first treasurer, and the author of the *Code of Ethics*.

REVIEWS.

A Practical Treatise on the Medical and Surgical uses of Electricity, including Localized and General Faradization; Localized and Central Galvanization; Electrolysis and Galvano-Cautery. By GEORGE M. BEARD, A.M., M.D., Physician to Demilt Dispensary, New York, and A.D. Rockwell, A.M., M.D., Electro-therapeutist to the Woman's Hospital, State of New York. Second edition, revised, enlarged, and mostly rewritten, with nearly two hundred illustrations. New York, William Wood & Co. Montreal, J. M. O'Loughlin.

In the very large and elegant volume now before us it is hard to recognise the treatise which, in 1861, first appeared as the result of the joint efforts of Drs. Beard and Rockwell. This statement is perhaps as great a compliment as we could pay the work, for, not unfrequently, new editions mean simply a new title-page. Not so the volume before us, for, in every way, it is most materially changed, in fact, it is almost a new book. The authors inform us that, since 1871, they have been constantly engaged in preparing the present edition. This seems a long time, but it must be remembered that eight years ago, Medical and Surgical Electricity was but in its infancy, and that its present advanced state is very largely due to the efforts of Drs. Beard and Rockwell, who acted wisely, in delaying re-publication, being thus able to show the marked advance which the subject has made during that period. Indeed we have no hesitation in saying that the publication of the first edition of this book gave to electric treatment an impetus, and a scientific application which it otherwise would not have had, and to both of these gentlemen the entire medical profession is indebted for the steady and persevering work which they underwent. The volume as it now stands represents their accu-

culated and thoroughly sifted experience, as well as a full and exhaustive *resumé* of all that has been accomplished by other authorities. It is impossible to notice with minuteness any particular portion of the work, but we have been much pleased with the description of *central galvanization*, a method of application which the authors claim they have introduced to the profession, and systematized since the publication of the first edition. This method of application, they state, has many practical advantages over localized galvanization of the nerve centres, and in many cases over general faradization. The chapters on diseases of the skin are also of much clinical interest. Some remarkable cures are recorded as the results of this new method, (central galvanization) of the application of electricity, in chronic eczema and prurigo. Some interesting experiments in cases of Whooping Cough are also recorded. Those who purchased the first edition, must now discard it for the new one. We promise them full satisfaction; they got it from the old edition, they will get still more from the new.

Spermatorrhœa, its Causes, Symptoms and Treatment. By ROBERT BARTHOLOW, A.M., M.D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio. New York, William Wood & Co., 1879. Montreal, J. M. O'Loughlin.

The basis of this little work, of some one hundred and twenty-five pages, was a clinical lecture originally published a few years ago, in the *Cincinnati Journal of Medicine*; it was afterwards enlarged upon and issued as a monograph, and was most acceptably received by the profession of the United States. It passed rapidly through several editions, the present one being the fourth. This of itself speaks much for its filling a want in this special department of medical literature. It is unquestionably a fact that, of all diseases, Spermatorrhœa is the one from which ignorant quacks reap the richest harvest. To a certain extent, the profession has itself to blame for this, for it must be admitted that the disease is one to which they have not given the attention which it deserves. A kind of fastidiousness, perhaps, on the part both of the patient and the physician causes the treatment of this malady to be generally avoided in private practice. Not being able to get intelligent ad-

vice, and, what is equally essential, intelligent sympathy, the sufferer gravitates, perhaps not unnaturally, into the hands of these advertising specialists whose books are scattered broadcast over the land. If the profession were true to themselves this would not be, but to be thus true they should be prepared to treat the disease on scientific principles. The literature of the subject is not voluminous. We therefore look upon Dr. Bartholow's work as one capable of accomplishing much good. It not only treats the subject from a moral and humane standpoint, but it gives the very latest views of its pathology. The treatment is also up to date. We have, however, a suggestion or two to make. If future editions are required, and we are sure they will be, we would, in the first place, suggest that it would be better not to re-publish the preface to each edition; and secondly, to the publisher, we would suggest the advisability of putting the title of the book on the back. So many little volumes are now published in this way that once they reach the shelf of the bookcase it becomes a task of both time and trouble to unearth a special volume when wanted. In our experience, this is a matter of more moment than perhaps may at first sight appear. The volume is produced in really beautiful style.

A Clinical History of the Medical and Surgical Diseases of Women. By ROBERT BARNES, M.D., Censor of the Royal College of Physicians, London, Obstetric Physician and Lecturer on Obstetrics and Diseases of Women to St. George's Hospital. Second American from the second and revised London edition, with one hundred and eighty-one illustrations. Philadelphia, Henry Lea. Montreal, Dawson Brothers.

The fame of Robert Barnes as an authority upon diseases peculiar to the female sex is worldwide. On this Continent his name has not only been familiar to all who are engaged in the practice of medicine, but his work has for years been recognised as a standard authority. Its hold upon the profession of the United States and Canada has, however, been greatly increased by the personal recollection of him which hundreds still have who had the pleasure of seeing his genial English face, and hearing his pleasant voice at the International Medical Congress at Philadelphia, in September, 1876.

The meeting such men was one of the green spots of that great Congress, and that he returned to England filled with pleasant memories of that gathering is proved by the fact that this last edition he has dedicated to his friend, Dr. Fordyce Barker of New York, whose courtesy to him is so delicately acknowledged. The author assures us that this edition has been conscientiously revised, and the labor which such a revision entailed must have been great, for the improvements in gynæcological medicine have indeed been most marked during the past few years. The size of the book has not been increased, yet by some pruning and a re-arrangement of matter, room has been found for a new chapter on the relations of Bladder and Bowel disorders to the proper subject matter of the book. Many new illustrations have also been added. To recommend such a work to the attention of our readers would seem almost superfluous. No Library can be considered complete without it.

A Practical Treatise on Surgical Diagnosis, designed as a Manual for Practitioners and Students. By AMBROSE L. RANNEY, A.M., M.D., Adjunct Professor of Anatomy and Lecturer on Minor Surgery, Medical Department of the University of New-York. New York, Wm. Wood & Co., 1879. Montreal, J. M. O'Loughlin.

This book is somewhat peculiar in its arrangement, yet that very peculiarity has much to do with the force with which it calls for recognition from the surgical world. Its title-page does not indicate by any means all that may be found within its pages, and indeed it would be a hard task to select one which would. It is in fact one of the most difficult books to notice which have fallen into our hands for a long time. The author is evidently a man of a thoroughly practical turn of mind, and has produced a volume very practical in its character. The arrangement of the work is the tabulated form, the principal symptoms of all the leading surgical diseases being arranged so as to read from above downwards, *only one-half of the page* being occupied. On the other half of the page, arranged in a similar manner, are the symptoms of the disease, with which it is apt to be confounded. In this way, the points of contrast are made to stand out most prominently. Below all, and arranged so as to read

across the entire page, are the symptoms common to both. In this way the possible causes of error in diagnosis are distinctly brought out. We commend this volume to our readers, especially those who are largely engaged in surgical practice. Once on their book-shelf we are satisfied that few others will be more frequently consulted.

A Compendium of Diagnoses in Pathological Anatomy, with Directions for making Post Mortem Examinations. By DR. JOHANNES ORTH, first Assistant in Anatomy at the Pathological Institute in Berlin, translated by Frederick Cheever Shattuck, M.D., and George N. Sabine, M.D.; revised by Reginald H. Fitz, M.D., Assistant Professor of Pathological Anatomy in Harvard University. Sole authorised English edition. New York, Hurd & Houghton; Boston, H. O. Houghton & Co.

This is a work, the value of which can only be properly appreciated after a thorough examination of its contents. Its author says its production is the result of a practical want which has long been felt, for, although the existing works on Pathological Anatomy are excellent, their scope includes too little of the practical details of the subject. In fact, with the exception of this volume, we are not aware of the existence of any book which contains comprehensive directions for making post mortem examinations, for recognizing pathological changes in the fresh organs, and for establishing a diagnosis. It will be seen at a glance that it is a book which should be perused by every medical man, especially by those in the country, who have not the assistance of skilled pathologists to make their post mortems. By its aid the manual part of the work can be done in a scientific manner, while the various changes met with in the structures, the result of pathological change, are described with a clearness, almost remarkable. We may add that the type used is sufficiently large as to be grateful to the eye, and, in the days of small print, this is no small advantage. The work can be ordered direct or through Messrs. Dawson Brothers.

Hints in Obstetric Procedure. By W. B. ATKINSON, M.D., Philadelphia. D. G. Brinton, 115 South 7th St.

The work before us is the second and revised

edition of an "Annual Address, delivered before the Philadelphia County Medical Society." There is much that is valuable in these hints to the obstetrician who has not kept himself informed of the progress of this branch of medical science. Practical in its nature, it treats of the various conditions met with in different forms of labor and the procedure to be adopted in each case. Eschewing the formula that 'meddlesome midwifery is bad,' a bugbear that, certainly in the past has done more harm than good, he states clearly the methods by which labor may be facilitated, and rendered less painful, by remedial agents, position, and the assistance that may be given by the accoucher either instrumental or otherwise. In the after treatment of labor we agree, excepting the slight opinion the author appears to have in the value of the binder, for we certainly "have not yet arrived at the point of omitting" it in any case, deeming it to be of great value in every case. With his opinion of many of the traditions of the lying-in chamber we are in accord, and consider much of the routine that women are subjected to as unnecessary and occasionally injurious. The management of the child and breast also receive due attention. As a small work to be carried in the pocket when called to a case of midwifery, this will be found, more especially by country practitioners, a valuable reminder of what should be done.

Lectures on Localization in Diseases of the Brain, delivered at the Faculté de Médecine, Paris, 1875. By J. M. CHARCOT, Professor in the Faculty of Medicine. Edited by Bourneville; translated by Edward P. Fowler, M.D., of New York. New York, William Wood & Co. Montreal, J. M. O'Loughlin.

Few subjects have within the past ten years created more attention among advanced physicians than the one which forms the subject of the lectures in this volume, and there are few subjects in which more advance has been made. Indeed the doctrine of cerebral localization has now become a necessary chapter of introduction to the practical study of diseases of the brain. Mr. Charcot has in these lectures brought together a large amount of information, furnished by normal anatomy, experimental physiology, and clinical observation, illustrated by minute and methodical examination of organic lesions.

This he has clothed in language so elegant that we reached the reading of his last lecture almost with regret. We cannot say more than this to recommend its perusal to all our readers. We do wish, however, that publishers *would* stamp the subject of the book where it can be seen with readiness when in the library.

Congenital Occlusion and Dilatation of Lymph Channels. By SAMUEL C. BUSEY, M.D., Professor of the Theory and Practice of Medicine in the University of Georgetown, U.S. New York, William Wood & Co.; Montreal, J. M. O'Loughlin.

This volume is for the most part a re-publication of a serial contribution which appeared in the *American Journal of Obstetrics*, and is based upon a very interesting case which came under his observation in 1878. The author has mainly confined his study of the subject to its clinical aspects, and to its coarser anatomico-pathological conditions, omitting the discussion of questions of minute structure, which he does not think of general interest. Having at his disposal the splendid Library of the Surgeon General's Department at Washington, he has been able to discover records of several singular cases, and these he has reproduced in his work. The volume shows considerable research, and it is an exceedingly creditable addition to the literature of an obscure subject. Clinical teachers should read it by all means.

An Index of Diseases and their Treatment. By THOMAS HAWKES TANNER, M.D., F.L.S. Second edition, revised by W. H. Broadbent, M.D., Fellow of the Royal College of Physicians. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Bros.

The present volume is intended to facilitate the daily work of the busy practitioner, and especially to help him in successfully managing such cases of disease as do not yield to treatment so readily as might be desired. The student who wishes to learn the nature of the tools with which he will have to work, and the best mode of employing them, cannot get any information in this book. It is hoped, however, that the actual laborer, who may have employed his customary weapons and finds himself baffled, will find in it many useful suggestions. The name of the author is an ample guarantee, not

only that the work has been well done, but that the book is one which deserves to receive the general support of the profession. Price, \$3.00.

Lectures on Bright's Disease of the Kidney, delivered at the School of Medicine, Paris. By J. M. CHARCOT, Professor in the Faculty of Medicine, Paris; Physician to the Salpêtrière. Translated with the permission of the author by Henry B. Millard, M.D. New York, William Wood & Co. Montreal, J. M. O'Loughlin.

The author of these lectures is among the best known of the advanced scientific physicians of France. Anything coming from his pen is therefore deserving of the best consideration. These lectures are republished just as they were delivered to his class, and they certainly give a concise yet clear exposition of the pathology and histology of this very interesting disease. The subject of treatment is not entered upon. A lecture on Scarlatinous Nephritis is added, and this, as well as the others, are models of clearness in bringing out the salient and practical pathological features of the malady.

Handbook of Ophthalmology. By PROF. C. SCHWEIGGER, of Berlin. Translated from the German by Porter Farley, M.D., Rochester. J. B. Lippincot, publishers, Philadelphia.

This work is divided into three parts.

Part 1st is devoted to the anomalies of refraction and accommodation spectacles, the ophthalmoscope, &c.

Part 2nd to diseases of the orbit, lachrymal organs, eye-lids, conjunctiva, cornea sclera, iris, lens, and vitreous body.

Part 3rd to the ophthalmoscopic appearance of the fundus of the eye in health and disease, diseases of the choroid, retina, optic nerve, glaucoma, &c., &c.

Part 1st will be found exceedingly useful to any one who wishes to study the really difficult subject of which it treats, as it is presented to the reader in a very clear and concise manner. The same may be said of the other parts of the work; it is a really valuable handbook of reference for either specialist or general practitioner.

Lectures on Fevers. By ALFRED L. LOOMIS, A.M., M.D., Professor of Pathology and Practical Medicine in the Medical Department of

the University of New York. New York, Wm. Wood & Co. Montreal, J. M. O'Loughlin.

Dr. Loomis is a careful thinker, a close observer, and a practical lecturer. When we have said this, we have stated quite sufficient to recommend this book, which consists of his lectures on Fevers, delivered in the Medical Department of the University of New York, during the season 1876-77.

Rhymes of Science, Wise and otherwise, with illustrations. New York, Industrial Publication Company, 1879.

This little book contains a small selection of poems, comical in their character with a scientific basis. Some of the selections are really very good, and the volume is of sufficient size to give an hour's pleasant reading.

The Illinois State Medical Register for 1878-79. Chicago, W. T. Keener, 94 Washington street.

The title signifies the character of this book. It is beautifully got up, and reflects credit upon its publisher.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, March 21st, 1879.

A regular meeting of the above Society was held this evening, in the Library of the Natural History Society's room. In the absence of the President, the 1st Vice-President, Dr. Ross, occupied the chair.

There were present: Drs. Ross, Molson, Kennedy, F. W. Campbell, Proudfoot, Vineberg, Ritchie, Osler, Bell, Oakley, Guerin, Smith, Armstrong, Loverin, Buller, Blackader, Roddick, Gardner and Edwards.

The minutes of last regular meeting were read, and on motion, adopted.

Dr. WM. FULLER, of Grand Rapids, Michigan, a former member of this Society, was elected a corresponding member, and the Secretary was ordered to notify him to that effect.

Dr. OSLER, exhibited the following pathological specimens:

1. Large cirrhotic kidneys.
2. Ruptured ovarian follicle with peritonitis.
3. Cirrhosis of the liver.
4. Fibroid phthisis.
5. Intestine in typhoid fever.

Dr. OAKLEY was to have given a paper on pneumonia, but, owing to uncontrollable circumstances he was unable to present it to the Society this evening.

The greater part of the evening was taken up in the relating of cases in practice.

Dr. ROSS said that eight days ago he had seen a case presenting a somewhat remarkable train of symptoms. The patient was a servant girl, the face was at the first visit drawn, greyish, haggard, dilated pupils and staring look; pulse, rapid, small, weak, compressible and uncountable. The statement was she had had a chill the night before and vomited profusely all night; no pain in the head, no pain in the abdomen; some diarrhoea; there was some tenderness on deep abdominal pressure. She was sent to the Hospital. Next day her condition was: dilated pupils, rigid condition of the arms and legs, no paralysis, some vomiting, and a little diarrhoea. She died the following night. The temperature never rose above 104° till a short time before her death, when it reached 105° . The diagnosis was very doubtful, but Dr. Ross thought there might be some cerebral disease.

Dr. F. W. CAMPBELL said that a week ago he had seen a child, a boy of eleven years, complaining of general feverish symptoms for several days. The temperature was $104\frac{1}{2}^{\circ}$, and there was diarrhoea, gurgling in both iliac regions. He was violently delirious. Quinine in five gr. doses twice a day was ordered, and a mixture consisting of Liq. Am, Acet. Tr. Aconite and chlorate of Potash. Next day the pulse was 130; temperature $103\frac{1}{2}^{\circ}$; delirium and diarrhoea continued; tongue furred. On the 3rd day the temperature was $102\frac{1}{2}^{\circ}$, delirium gone, and on the 4th it was $99\frac{1}{2}^{\circ}$, and pulse 88. On the 5th day the tongue was clean, and pulse and temperature natural. Patient in a day or two was about as usual. Dr. Campbell said one might have expected this was going to be a case of typhoid fever. The result proved that it was not.

Dr. OSLER mentioned a remarkable initial rash in small-pox. A lad of eighteen was taken ill on Sunday with the usual initial symptoms of small-pox. At noon on Tuesday there was a bright rash in the groins and several papules on the arms. On Wednesday the entire inguinal region had a perpuric rash, also in the axillæ, which extended from the nipple round to the scapulæ and over the right scapula. On Thursday erythema faded, but perpuric spots remained. On Friday semi-confluent

small-pox was out, and on Sunday there was a superficial brown staining.

Dr. BLACKADER said that four or five months ago he had a case of small pox which came on with high initial fever, along with a copious perpuric eruption on the lower limbs. On the 5th day after the eruption the fever abated, and the case did well.

Dr. ROSS said he had once seen urticaria as a distinct prodroma of small-pox.

Dr. OSLER said he had had a similar case in the Montreal General Hospital. The wheals disappeared after being seen for one day.

Dr. BLACKADER reported a remarkable case of typhoid fever. For ten or twelve days the patient had not more than half-an-hour's sleep in the twenty-four hours. He administered from $\frac{1}{2}$ to 1 drachm of bromide of potass in the twenty-four hours, this gave only three hours sleep in the twenty-four. There was a history of diarrhoea, vomiting and great delirium. On the 3rd night he gave a hypodermic 15 min. of Battley's Sed. Solution. Breathing in one hour was effected, fell to twelve, and subsequently to nine respirations in the minute. She slept more than eight hours, but died the following night.

A letter from Dr. Henry Howard in reply to the resolution passed by the Society, was read by the Secretary.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.

Secretary.

MONTREAL, April 4, 1879.

A regular meeting of the above Society was held this evening, in the Library of the Natural History Society's Rooms. In the absence of the President and Vice-Presidents, Dr. Godfrey was requested to take the chair.

There were present: Drs. Godfrey, Bell, Ritchie, Brodie, Oakley, Roddick, Reddy, Molson, Browne, Smith, Wilkins, Guerin, Vineberg, Loverin, F. W. Campbell and Edwards.

The minutes of last meeting were read and approved.

Dr. OSLER exhibited the following specimens:

(1) Primary sarcoma of the kidney. The patient, a man aged 54, had been ailing for over two years with symptoms of renal disease, and had had during this time repeated and severe hæmorrhages. The tumor became evident about ten months ago. He suffered little or no pain

from it during the entire illness, but latterly became much emaciated. The left kidney forms a huge mass weighing twelve lbs. The only trace of renal substance left is a thin portion at the lower end. The tumor is soft, of a reddish-white appearance, and in the central part there is a cavity the size of an orange. The supra-renal capsule is stretched over its upper end, and here the spleen is also attached. The renal vein is enormously dilated, being filled with cancerous thrombi which also extend into the inferior vena cava. Several of the superficial veins in the tumor contain thrombi. Histologically the tumor is made up entirely of large cells, the majority of which are elongated in form and with large nuclei.

(2) Pharynx, larynx and trachea of a child dead of diphtheria. The point of interest was the great extension of the membrane in the trachea and bronchi. The case was also referred of a young man who had died in the Hospital during the week in whom the pharynx was extensively involved, the entire upper zone being blocked, necessitating tracheotomy. The larynx was unaffected, but the mucous membrane of the trachea and bronchi was covered with a thin diphtheritic membrane.

(3) Cancer of the stomach from a patient, a woman under the care of Dr. Ross. The pyloric zone was affected, a flattened cancerous mass of considerable firmness extending almost completely round the region of the stomach, leaving only a narrow groove of mucous membrane unaffected. The ring was involved at the upper part. The cancer had not ulcerated, but it was fissured in one or two places, secondary masses occurred in the pancreas, the glands in the portal fissure, the gall-bladder and the mesenteric glands, the latter forming with the pancreas a large firm mass which was evident in the umbilical region.

Dr. OAKLEY read an interesting paper on "Pneumonia," and presented a table showing the prevalence of the disease in the Montreal General Hospital for the years included between 1874 and 1879. The highest point was touched in the month of April, a gradual rise taking place in January, February and March. In the remarks which followed, special attention was given to the treatment of this disease.

Dr. F. W. CAMPBELL said he used liq. am. acet. tr. aconite Fleeming's and nitrate potash with warm applications externally.

Dr. REDDY said if the patient was seen early he administered tr. aconite B. P. in four or five drop doses along with liq. am. acet. and cyanide of potash. Hot poultices externally, to be changed every three or four hours, seldom gives ipecac. In certain broken-down cases gives from one to two tablespoonfuls of brandy an hour. When the temperature is very high he gives two or three large doses of quinine at intervals. If the cough is irritating, he gives from $\frac{1}{8}$ to $\frac{1}{4}$ th of a grain of morphia in the early stage.

Dr. F. W. CAMPBELL objected to the use of opium in pneumonia.

Dr. REDDY considered its use justifiable to allay irritating cough and any pleuritic pain present.

Dr. RODDICK said he believed we were too much afraid of blood-letting in certain cases. He cited a case which occurred in the Montreal General Hospital when he was resident medical officer. A sailor was brought to the Hospital the lungs being in the engorged stage. The prognosis was decidedly unfavorable. Dr. Roddick obtained leave from Dr. Scott to bleed the patient; thirty ozs. were taken from the arm, and this patient rallied immediately, and made a rapid recovery. He had also bled two strong plethoric women and both recovered. He thought that in pneumonia, pericarditis and peritonitis we should bleed oftener than is the custom. If there is any objection to bleeding apply a large blister to the side, a quantity of serum is thus removed, and follow up by hot poultices. He also favored the plan of giving a good dose of calomel at the outset, say ten to fifteen grains.

Dr. F. W. CAMPBELL said he had seen a large number of cases of pneumonia treated in 1861 in Glasgow. Dr. Bell was there in the habit of giving large doses of dilute nitro-muriatic acid with infusion of cascarrilla with exceedingly gratifying results.

Dr. LOVERIN spoke in favor of bleeding in favorable cases.

Dr. OSLER said in the past four years he had had an unusual number of autopsies in pneumonia, especially of the apex. He has records of five or six cases in stout able-bodied young men. The pulmonary capillaries are reduced to half

their size, the whole blood of the right side of the heart has to pass through the other lung, and death is from suffocating œdema. If a good bleeding had been resorted to this condition would have been relieved. Dr. Osler considered the lancet more useful in the middle stage. He thought the use of medicine would not alter the course of the disease, as it is distinct in its course.

Dr. GODFREY said in 1830 all cases were bled in the early stage, and at that time there was sometimes three distinct bleedings. The number of recoveries was very great. This practice continued up to 1850. At that time Resore's treatment came into vogue, which consisted in giving from one to four or five grains of tartar emetic every four hours. Dr. Godfrey always looked upon this treatment as causing gastrointestinal irritation. Dr. Johnson afterwards published a large number of cases showing the expectant treatment was equally successful. Dr. Godfrey still favors the plan of taking blood in the early stage of the disease. He considered that the pneumonia of to-day was a different disease from that of his early recollection. It was then of a sthenic character, and there was no fever; in that of to-day we have high fever, and when it is present with furred tongue and typhoid symptoms we should not use the lancet. Dr. Godfrey said in 1845 his custom was to give two grains of Calomel, seven of Dover's powder every three hours. His present plan is to give four drops of tr. aconite every four hours for four or five days, and less frequently afterwards; also fluid ext. of senega and carb. of ammonia every three hours; externally poultices but not blisters.

Dr. WILKINS objected to the use of opium as it would upset the stomach. His custom was to use thin poultices enclosed in water proof.

Dr. FENWICK agreed with Dr. Godfrey in the view that the type of the disease had changed. Brain symptoms were now much more observed.

A vote of thanks to Dr. Oakley was moved by Dr. Loverin, seconded by Dr. Reddy and carried.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,

Secretary.

MONTREAL, April 18th, 1879.

A regular meeting of the above Society was held this evening in the Library of the Natural History Society Rooms, the President, Dr. Henry Howard, in the chair.

There were present:—Drs. Henry Howard, R. P. Howard, Kennedy, Kerry, MacDonald, Nelson, McConnell, F. W. Campbell, Bessey, Smith, Osler, Ross, Schmidt, Loverin, Shepherd, Fenwick, Reddy, Guerin, Hingston, Roddick Blackader and Edwards.

The minutes of last meeting were read, and on motion, approved.

Dr. EDWARDS proposed, and Dr. SCHMIDT seconded, the proposition of Dr. Rodolph E. Leprohon as a member of this Society.

Dr. OSLER exhibited the following pathological specimens:—

1. Sarcoma of the breast.
2. Schirrus of the breast.
3. Primary cancer of the liver.
4. Empyema.
5. Ovary at fifth month of gestation.

Dr. R. P. HOWARD remarked that Dr. Roddick's case was a simple sarcoma and not true cancer, and, therefore, if it does not return, it is no proof of being a cancer removed with no return of the disease.

Dr. F. W. CAMPBELL read a paper on "Whooping Cough treated by Quinine," citing a number of cases in which he had found this remedy very effective.

In the discussion which followed, Dr. R. P. HOWARD remarked that, in 1873, Dr. Dawson published his paper on the mode of treatment, since which time Dr. Howard had taught the use of quinine in the disease in his lectures to his students. He had used it in his own practice, and his testimony was that in some cases it proved beneficial while in others it failed. The difficulty in its use is to get children to take it, as it is directed to be given in simple solution and one grain at a dose. A question of special interest arises in the possibility of the disease being due to a fungus. If it is true that it depends on a fungus, the action of quinine is sufficient explanation. In hay fever a fungus had been discovered, and quinine is good there.

Quinine has proved equally successful in

whooping cough, when given in the form of injection, and the question is, if it is not simply a nervine tonic. In a case occurring in his own family he had administered to a child of three years a mixture of alum, salicylic acid and dilute hydrocyanic acid, and it acted as a charm. He had found this mixture fail in other cases.

Dr. REDDY said he had found this combination of alum, salicylic acid and hydrocyanic acid succeed well in some cases. In one lately, in which it failed, he had used the quinine with success.

Dr. OSLER said that four and a half years ago Dr. Grant of Ottawa asked Dr. Osler if he had examined the mucus of the throat in whooping cough, expressing his conviction that he had discovered a fungus to account for the disease. Dr. Osler examined the mucus in three separate cases, but was unable to find anything except common bacteria; there was no specific fungus to be seen.

A vote of thanks to Dr. Campbell was moved by Dr. FINNIE, seconded by Dr. R. P. HOWARD, and carried.

A report was next received from the council.

The meeting then adjourned.

MONTREAL, May 2nd, 1879.

A regular meeting of the above Society was held this evening, the President, Dr. Henry Howard in the chair.

There were present:—Drs. Henry Howard, R. P. Howard, Buller, Kennedy, Smith, Reddy, Kerry, Osler, Bell, Campbell, Macdonald, Trenholme, Fenwick, Roddick, Loverin, Rodger, Alloway, Bessey and Edwards.

The minutes of last meeting were read and approved.

Dr. RODOLPH E. LEPROHON was balloted for, and unanimously elected a member of this Society.

Dr. OSLER exhibited the following pathological specimens:—

1. Atrophy of the kidney.
2. Miner's lung.

Dr. R. P. HOWARD remarked that was a

case of cirrhosis of the lung, from mechanical causes—the local irritation of inhaled carbon. The ordinary forms of this disease in this country are from neglected pneumonia, chronic tubercular diseases or chronic pleurisy.

We have changes of a destructive character, namely cavities, in this fibroid lung. The question is what is their nature? It is singular that in fibroid degeneration of other organs we do not have these changes. Are these cavities or simply distended tubes? There is now and then a simple degeneration in fibroids of the uterus. The lung is a peculiar structure, and ordinary laws in other organs do not apply to it. It is laid down as a rule that when, in a case of cirrhosis of the lung, there is a cavity at the apex it is tubercular.

Dr. REDDY remarked that he had had a case of cavities at the apex, and there was no evidence of tubercle.

Dr. SMITH stated that he noticed in the post mortem examinations in London the dark appearance of the lungs.

Dr. OSLER remarked that what was called carbonization of the lung was common in all cities, and it was possible as soon as the thorax was opened to decide whether the person had lived in the city or the country.

Dr. FENWICK presented a portion of bowel passed by stool, sent by Dr. McLeod of Charlotte-town, N. B. The facts relating to this case were read by Dr. Fenwick.

Dr. F. W. CAMPBELL said in 1870 he had a patient who had taken several large doses of sulphate of magnesia which was followed by intussusception of the bowel. She lived for ten days, and the day before she died she passed some six inches of intestine.

Dr. TRENHOLME moved, and Dr. Campbell seconded, a vote of thanks to Dr. McLeod for this interesting specimen.

Dr. HENRY HOWARD then read a paper on "Some Practical Remarks on the General Treatment of the Insane." A short discussion followed, and Dr. REDDY moved, and Dr. LOVERIN seconded, a vote of thanks to Dr. Howard for his interesting paper.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,
Secretary.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

Among other distinguished visitors coming in to Canada during the present summer we may expect to see the potato-bug, and simultaneously with his advent there will arise a demand for Paris green. Now, as this substance consists of a mixture of acetate and arsenite of copper, and contains over fifty per cent. of arsenic, it can be legitimately ranked under the "compounds of arsenic," mentioned in the Act regulating the sale of poisons, substances which can only be sold by the duly registered druggist, and only to persons known by the vendor, while each sale is to be registered in a book kept for that special purpose. However, this green is so commonly used as a paint that it is to be met with in many other stores besides the druggists, and these retail it indiscriminately to gardeners, farmers, and others, without any precautions whatsoever, being taken, often without even labelling it; which is in direct contravention of the law and against the public safety, for the security of which the law was enacted. Druggists therefore would only do their duty as good citizens by laying information before the proper authorities in cases where they know the law is disregarded.

BOOK REVIEW.

We are in receipt of the second American edition of *Farquharson's Therapeutics*, published by Henry C. Lea, of Philadelphia. In the first American edition very considerable additions were found desirable to adapt it thoroughly to the wants of the American student—additions that seemed to warrant the insertion of the words "Materia Medica" in the title page. Without altering the peculiar features of the original, some changes were made in the arrangement, and very copious notes introduced, embodying the latest revision of the U. S. pharmacopoeia, together with the antidotes to the more prominent poisons, and such of the newer remedial agents as seemed necessary to the completeness of the work. All matter thus added is distinguished from the text by brackets.

The acceptance of these modifications by the author, and his very conscientious revision of the whole, have rendered unnecessary any considerable additions by the editor in the present edition. He

has, however, thought it advisable to introduce the metric system in addition to the old form of writing prescriptions, in deference to the demands of scientific progress and uniformity of observations. A ready reference table of poisons at the end of the book, and in the text itself the tests of the prominent poisons have been inserted. It will be found that the additions that have been made to the work (which have increased its size nearly one-fourth) have more than proportionately enhanced its value to the student.

COPYING PRESCRIPTIONS AT HOME.—An American druggist declares that he lately received the following receipt, which his customer explained had been copied from a "doctor's book":—

12 grains each of Lactate of iron
Citrate of iron
Strychnine
Sulphate of quinine

Make twelve powders. Take one every four hours.

Asking first if the medicine was for a crocodile or a christian, the druggist pointed out that it would be hardly necessary to make up all the dozen powders unless a family burying was in contemplation. The gentleman who copied the prescription now knows that citrate of iron and strychnine is not the same as the same articles sepreated. Even the apparently simple art of copying prescriptions requires some little previous training.—*Chemist and Druggist.*

A NEW FACT REGARDING SAFETY MATCHES.—In a communication to the *Chemical News* Lieut. B. A. Muirhead says, that the so-called safety matches, "warrented to ignite only on the box," will strike freely on common coal, provided that both be perfectly dry. The combustible carbon of the coal acts like, and takes the place of the amorphous phosphorus, on the rubber of the box. It is thought that this fact may lead to the manufacture of a safety match without phosphorus, a result which, as observed by Hoffman, "would indeed be a grand achievement."

IT IS REPORTED from Munich that a case of arsenical poisoning has occurred in a man who has been suffering from a disease of the eyes, who has for a long time worn a green silk screen over his face. *Chemist and Druggist.*

AN AMERICAN JOURNAL states that two fine young shorthorn bulls have died from eating oleander leaves.

PRESERVATION OF THE NATURAL COLOR OF DRIED PLANTS.—The *Journal of Applied Chemistry* publishes a notice of the method of M. Stoelzl for preserving the colors of plants, particularly those of a succulent nature, as orchids and others prone to decomposition. One part of salicylic acid is dissolved in 600 parts of alcohol, and the solution heated to boiling in an evaporating dish; the whole plant is slowly drawn through it—a prolonged im-

mersion discolors violet flowers—then swung about to remove the excess of liquid, dried between blotting paper, and pressed in the usual manner. A frequent renewal of the blotting material, particularly at first, is indispensable. The plants treated in this manner dry rapidly, and furnish specimens of superior beauty, retaining their natural colors in greater perfection than by any other process.

FOR NAUSEA, DEPRESSION, AND CRAVING FOR DRINK.—

R Tr. capsici..... 10 drops.
Tr. nucis vom..... 10 drops.
Acid nitric dil..... 20 drops.
Aque..... 1 ounce.

M. Sig. Take as a draught in water three or four times a day.—(*The Medical Brief*).

BLUEING FOR CLOTHES.—The *Scientific American* says: "Mix dry Prussian blue with 50 per cent. hot water and 15 per cent. of yellow prussiate of potash in powder; pour the mixture through a fine sieve, dilute it with a little hot water, and pass dry, unsized paper through the solution, and expose it to warm air until dry.

COTOIN AND PARACOTOIN.—These two alkaloïds are now manufactured on a large scale, at moderate prices, and as both articles promise to become of great importance, the following remarks may be found of interest.

Cotoin, discovered in 1875 by Dr. Julius Jobst, is a reddish-yellow powder, having a peculiar irritable action on the mucous membrane of the lips and nostrils. It is not readily soluble in water, but is so in alcohol, from which, however, it is not again easily obtainable in a crystalline condition; it is extremely soluble in ether, and on heating it with concentrated nitric acid a red solution is obtained. Its alcoholic solution, treated with chloride of iron, gives a dark violet tint.

Paracotoin, produced first by Dr. Julius Jobst in 1876, is a light distinctly crystalline powder, of a pale yellow color, devoid of any peculiar smell or taste. It is not readily soluble in water, but easily crystallizable from its alcoholic solution. Paracotoin is not easily soluble in ether. On heating it with concentrated nitric acid, a yellow, then a greenish, coloration is produced, resulting from traces of leucotin, which can hardly be entirely removed. The alcoholic solution of paracotoin, when treated with chloride of iron, remains without change.

In the therapeutical application, the preparations of cotoin are distinguished by a tonic action on the mucous membrane and muscles of the bowels. They should, therefore, be used in all cases of relaxation of the bowels and acute and chronic intestinal catarrhs.

Cotoin is the stronger, paracotoin the weaker, of the two preparations. The latter can be taken more agreeably on account of its powder form, which form, as paracotoin does not

readily dissolve, must be adopted in prescribing.

We give the following recipes now in use on the Continent:

COTOIN.

I. Cotoin..... 3 grains.
Anise water..... 5 ounces.
Malaga wine..... 10 drachms.
Marshmallow syrup..... 10 drachms.

Mix. Dose, one tablespoonful every half hour.

II. Cotoin..... 3 grains.
Sugar..... 30 "

Mix and divide into five powders. Dose, one every hour or half hour.

PARACOTOIN.

Paracotoin..... 15 grains.
Sugar..... 30 grains.

Mix and divide into ten powders. Children under five years, half the above doses.—*Monthly Magazine of Pharmacy*.

INK SUPERSEDED BY PENCILS.—Pencils have been lately invented which make marks more permanent than those of ordinary inks, and can be copied by pressure. The process is as follows:

Ten pounds of the best logwood are boiled repeatedly with 100 lbs. of water, and the decoction evaporated to 100 lbs. This liquid is heated to boiling in a porcelain dish, and nitrate of chromium added in small quantities until the bronze precipitate that forms at first dissolves again with a deep blue-black color. It is then evaporated on a water bath to the consistency of an extract, and finely-elutriated fat ayel mixed in, so that there is 1 part of clay to 3 or 3½ parts of extract. A little gum tragacanth may be added, according to the hardness desired.

TINCTURE OF CHLORIDE OF IRON FOR CORNS.

—Dr. C. Barber states (*Lyon Médicale*) that he has cured three cases of corns on the toes by the application of a drop of the tincture of chloride of iron applied on corns night and morning. This application was continued for fifteen days in one case, when the corns, from which the patient had suffered for thirty or forty years, were entirely destroyed, and pressure on the part gave not the least uneasiness.—*South. Med. Record*.

FOR REMOVING HAIRS.—Prof. Boettger recommends the following as safe: 1 part of crystallized sulph-hydrate of sodium is rubbed to a very fine powder, and mixed with three parts of prepared chalk. The mixture keeps well in closed vials. Mixed with water and applied to the skin, the hair becomes soft in two or three minutes, and is readily removed by water. A long application is apt to corrode the skin.—*N. Jahrb. f. Pharm., Amer. Jour. Pharm.*

IMPROVEMENT IN BENDING GLASS TUBES.—

If the glass tube we desire to bend be filled with sand, and each end stopped to prevent its escape on

heating over a Bunsen burner, it will be found that the tube may be quite doubled if desired, a perfect curve being produced. In this way we may promptly produce accurate bends of any desired size in tubes of any bore without any previous skill in glass-working. Obviously, the principle depends on a uniform distribution by the sand of the pressure exerted. A similar plan is resorted to by metal-workers in bending tubes of lead.—*A. H. Gallatin, in Journal of Franklin Institute.*

ARTIFICIAL MILK.—From the reports in circulation it would seem as if science were about to make cows superfluous. Artificial milk has been prepared by a French chemist from sugar, dried whites of eggs, carbonate of soda, olive-oil, and water. By substituting gelatine for the whites of eggs, and with less admixture of water, cream is obtained. Another chemist, Gaudin, in discussing the preceding suggestion, gives his testimony as to depriving fats of all unpleasant odor by mere subjection to an appropriate temperature. He also states that very good artificial milk can be prepared from bones rich in fat, by purifying this fat by means of super-heated steam, and combining the fat thus obtained with gelatine. This milk is, he says, almost like that of the cow; and, when kept, acquires first the color of sour milk, then that of cheese. The gelatine in it represents the caseine; the fat, the butter; the sugar, the sugar of milk. It serves for the preparation of coffee and chocolate, of soups and creams of excellent flavor, and its cost is but trifling.

TO REMOVE NITRIC ACID STAINS FROM THE HANDS.—Wet the skin with sulphate of ammonia, to which has been added some potash lye. This changes the dead skin into a soapy mass, which can easily be removed with sand or fine pumice-stone.

A NEW BATTERY.—An Italian professor has arranged a new battery in which a solution of sulphurous acid is substituted for the usual liquids. The zinc is dissolved without the least development of hydrogen. It is claimed his battery acts well, and gives a very strong current.

CHLOROFORM POISONING AND TREATMENT.—Prof. J. A. Larabee successfully treated such a case with gr. $\frac{1}{10}$ digitaline, hypodermically, the dose repeated in one and a half hours. A little later gr. $\frac{1}{10}$ atropia was given hypodermically. Four hours from the time the doctor first saw the patient both pulse and respiration had recovered their tone.

ELASTIC ADHESIVE PLASTER is prepared by Dr. W. P. Morgan, of Baltimore, Md., by giving india-rubber tissue or sheeting a coating of plaster, made by mixing together lead plaster, 1 lb., and resin, 6 drachms. It is an excellent covering in cases of psoriasis, intertrigo, eczema, etc., and its elasticity makes it invaluable in

securing the coaptation of incised wounds, and in the treatment of abscesses.—*The Physician and Pharmacist.*

MAGNESIA AS AN ANTIDOTE TO ARSENIC.—MM. Clermont & Frommel have addressed to a recent meeting of the Académie des Sciences a note bearing on this subject. They find that when magnesia is mixed with sulphide of arsenic suspended in water, the sulphide is immediately decolorised: part of the arsenic combines with the magnesia to form magnesium arseniate, the remainder forms a soluble sulpharseniate of magnesia. M. L. A. Buchner has pointed out that the intestines of one person poisoned with arsenious acid contained the trisulphide in the state of fine powder. Magnesia, therefore, is a perfect antidote to arsenic so long as the latter remains as arsenious acid; but if, in cases of poisoning, it is generally converted into the sulphide, magnesia will do harm by making that substance soluble. The question now waiting to be settled is, What chemical changes does arsenic undergo when taken into the stomach?

MEDICAL PROPERTIES OF COLLINSONIA CANADENSIS (STONE ROOT).—An extract from "New Medicines," written by I. J. M. Goss, and published by Chas. E. Ware, St. Louis, Mo.

Collinsonia was first used by the natives of America for sprains, bruises, contusions and ulcers; then by some root-doctors in colic, dysentery and diarrhoea; but while it may help such conditions, by the direct tonic effects upon capillary and mucous systems, yet that is not its main sphere of action. It is now a settled fact that it acts directly upon the venous circulation, very similarly to that of arsculas, arnica, hamamelis, hydrastis, and also ignatias bean. It exerts a direct influence over the portal circulation, having the power to contract the coats of the veins, thereby lessening their calibre. And it influences the heart itself, consequently, the whole circulatory apparatus. When applied to a contused wound or an inflamed surface the vessels of the part soon contract, and the tumefaction is soon thereby lessened and finally relieved. This fact is conclusive evidence that this remedy has specific power over the capillary vessels. It has a favorable influence over mucous tissues, consequently, it often cures leucorrhœa and catarrh of the bladder. I have used it internally, in connection with hamamelis, in cases of varix with very prompt success. This shows that collinsonia has a specific action upon the coats of veins. But its most valuable properties are its direct action upon the vessels of the rectum. I have often derived prompt results from it in cases of hemorrhoids. Where the tumors are small it often removes them. The dose is 5 to 15 drops three or four times a day. It possesses remarkable tonic powers also.

PARAFFIN PAPER. If paraffin be dissolved, with the aid of very gentle heat, in ordinary

commercial benzole, in the proportion of one part of the former to four of the latter, and the solution be brushed over tissue paper, a cheap but very good substitute for waxed paper may be extemporized. After coating the tissue paper it should be hung up to dry, which is accomplished in a very short time, the paper presenting at this stage a more or less white mottled appearance. Next expose it to a gentle heat, sufficient to remelt the thin coating of paraffin, when it will set in a fine uniform and permanent glaze, in which condition it is ready for any of the purposes for which such papers are generally required. Paper thus prepared will be found particularly useful for tracing purposes, the pencil or pen running smoothly over it, with no tendency to blur or blot, as in some tracing-papers frequently met with. It will also be found valuable in preserving powders and other substances susceptible to change from exposure to air, of which chloride of lime is an example. Turpentine will also dissolve the paraffin, but it requires hours to dry, while the benzole requires as many minutes. When required in large quantity the paper may be floated on the surface of a bath of paraffin solution in the same manner that photographic paper is sensitized.—*Canadian Pharm Journal*.

PULVERIZED SOAP OR SAGHALINE.—The substance sold in various markets under the extraordinary name of Saghaline has been examined by Hagar. It is usually considered to be pulverized Soap, but its use in pharmacy as soap would prove dangerous. It has been found to consist of 12 parts of soap, 66 parts of anhydrous carbonate of soda, 15 parts of silicate of soda, and a little blue coloring matter, which appears to be ultramarine. It is no doubt an excellent material for washing, but should not be designated "pulverized soap."—*Monthly Magazine of Pharmacy*.

GREEK SPONGE FISHERY.—*The Athens Messenger* states that the value of the sponge fishery in Greece has risen from 20,000*fr.* in 1870 to 2,000,000*fr.* in 1877. The trade employs about 120 vessels manned by 800 men. Each boat goes out four times a year, and obtains 100 kilogrammes of sponge, at a mean value of 30,000*fr.* The preparations of the sponge is very simple and inexpensive. They are first dried in the sun, and then separated into two different qualities, the average price of the first quality being 35*fr.* or 40*fr.* the kilogramme.—*Chemist and Druggist*.

JOINING RUBBER.—Rubber is easily joined and made as strong as an original fabric, by softening before a fire and laying the edges carefully together, without dust, dirt, or moisture between. The edges so joined must be freshly cut in the beginning. Tubing can be united by joining the edges around a glass cylinder, which has previously been rolled with paper. After the glass is withdrawn the paper is easily

removed. Sift flour or ashes through the tube to prevent the sides from adhering from accidental contact.

SANDARAC is collected from the ara tree, a species of cedar (*Callitris quadrivalvis*, Vent.), which abounds in the hilly parts of the province of Italia, in the neighborhood of Mogador. In order to obtain it the natives chip the trunks and branches of the trees. When the summer sets in, and if the year is favorable the gum oozes, not only from the injured spots, but from all parts of the tree which are thus prepared. A dry summer, with the absence of the ordinary northeast winds, is very favorable to its production. There were 5800 cwt. exported from Mogador in 1877, valued at upwards of \$105,000.—*New Remedies*.

EXAMINATIONS OF THE PHARMACEUTICAL ASSOCIATION OF THE PROVINCE OF QUEBEC.—These examinations were held in the rooms of the Association, 628 Lagachetière street, Montreal, on Tuesday, Wednesday and Thursday, April 29th, 30th and May 1st, when six candidates for the "major" examination for license to practice pharmacy; eleven for the "minor" as certified clerks and four for the preliminary examination to enter upon the study of pharmacy, presented themselves before the Board. The following gentlemen compose the full Board of Examiners: Henry R. Grey, Montreal; Alex. Manson, Montreal; J. D. L. Ambrosse, Montreal; Roderick McLeod, Quebec; J. B. Martel, Quebec; H. F. Jackson, Montreal; Chairman, Nathan Mercer, Montreal. The examinations were written and oral, with practical dispensing and the following gentlemen successfully passed for "major": Oswald Coursolle, 815; W. S. Kerry, 720; C. E. Hepburn, 690; Elzéar Laviolette, 650. The highest obtainable marks being 1,000. For "minor": John N. Miller, 890; Joseph Williams, 775; W. R. Inman, 705; S. G. Mitchell, 600. The four presenting themselves for the preliminary examination being found proficient were accordingly permitted to register as apprentices. Two of the major and five of the minor candidates who failed to obtain the required number of marks were referred back for further study. At the conclusion of the examination, the Vice-President Alex. Manson, Esq., in announcing the results made a few well-timed remarks, when a vote of thanks to the Board of Examiners, for their courtesy during the progress of the examinations, was moved by Mr. W. S. Kerry, seconded by Mr. Oswald Coursolle, on behalf of their fellow-students, and carried. The Council of the Association intend, as soon as circumstances will permit, to petition the Legislature for amendments to the Pharmacy Act which will enable them better to regulate the sale of drugs and the dispensing of prescriptions. It is proposed to hold an extra examination in Quebec about the end of June, when it is expected a number from that city and the surrounding country will present themselves before the Board.

The Canada Medical Record.

MONTREAL, JUNE, 1879.

CONTENTS.	PAGE	PAGE
PROGRESS OF MEDICAL SCIENCE.		
Lactopeptine, 225—The History of Clinical Instruction, 225—How Doctors are Paid, 225—The Treatment of Hemorrhage in Abortion, 226—The Treatment of Baldness, 229—Use of Salicylic Acid, 230—Antiseptic Midwifery, Advantages of, 230—Clinical Lecture on Scrofuloderma. By Louis A. Duhring, M.D., 233—Supra-Orbital "Tic" cured by Injection of Chloroform,	235—Jaborandi in Mumps, 235—Retention of Urine relieved by Chloral, 235—Treatment of Heat Apoplexy with Ergot, 235—How to stop a Cold, 235—The Treatment of Early Phthisis. By Dr. J. Milner Fothergill, 236—Brave Medical Officers, 239—Hypodermic Medication, 239—Abortive Treatment of Bubo, 239—Cure for Obstinate Vomiting	cal Department, Volunteer Militia, 241—Dr. Coderre's Infant Syrup, 242—Reviews, 244—Personal, 245—Medico-Chirurgical Society, 246—Dedication of the McDowell Monument, 248—Precautions in Anæsthesia, 248—Births and Marriages
	EDITORIAL.	PHARMACEUTICAL DEPARTMENT
	Lunatics in the Province of Quebec, 240—Surgeon-Majors, 240—Medi-	The Pharmaceutical Association, 249—Pharmaceutical Association of the Province of Quebec, 249—Drug and Chemical Report.....

Progress of Medical Science.

LACTOPEPTINE.

There are few preparations given to the profession during recent years that have been so highly praised as Lactopeptine. It has been found a most reliable agent in the treatment of impaired digestion, gastric irritability and diarrhœa. It is specially recommended by a number of physicians, who have prescribed it, as a valuable remedy in *Cholera Infantum*, and in the disorders of digestion and nutrition in children. In view of the approaching season of the year, during which cholera infantum is most prevalent, our readers are invited to test this preparation, and give it a fair trial. We have before us a great number of testimonials from physicians, setting forth the value of Lactopeptine, and from their combined testimony, we consider the remedy worthy of trial.

THE HISTORY OF CLINICAL INSTRUCTION.

According to Prof. Leyden, of Berlin, the origin of clinical instruction is to be found in Italy, in the sixteenth century. In 1570, the supreme council of Venice, principally at the instigation of German students, ordered that two teachers of practical medicine should visit the hospital at stated times and there instruct the students at the bedside. This regulation was soon adopted in Padua. Soon, however, the universities began to raise difficulties, on the ground that the clinical instruction drew away the students from the lectures and disputations, and in consequence the Venetian council prohibited the continuance of the clinical teaching. The students protested; and it was determined that the teachers of practical medicine in the universities should

alone be authorized to take their students to visit patients as they might think proper. It seems that the system of introduction to practice, apart from the universities, was rather common. The Emperor Frederick II (1194–1250) ordered that no one should enter on practice until he had practised for a year under the guidance of a physician. The special founder of modern clinical instruction was Franz Deleboe (Sylvius) in 1614–1672. In Berlin, Fritze was clinical professor in 1798; and the examination regulations of that year speak of clinics at Berlin and Halle. In Königsberg, clinical medicine is mentioned in 1785 and 1790. The first clinics embraced all the departments of medicine; the division into medical, surgical, and obstetric, and polyclinic, was of later growth.—*British Med. Jour.*

HOW DOCTORS ARE PAID.

"Save me, doctor, and I'll give you a thousand dollars."

The doctor gave him a remedy that eased him, and he called out,—

"Keep at it, doctor, and I'll give you a check for five hundred dollars!"

In half an hour more he was able to sit up, and he calmly remarked,—

"Doctor, I feel like giving you a fifty dollar bill."

When the doctor was ready to go the sick man was up and dressed; he followed the doctor to the door, and said,—

"Say, Doctor, send in your bill at the first of the month."

When six months had been gathered to time's bosom, the doctor sent in a bill amounting to five dollars. He was pressed to cut down to three, and after so doing he sued to get it, got judgment and the patient put in a stay of execution.—*Exchange.*

THE TREATMENT OF HEMORRHAGE IN ABORTION.

By W. T. Lusk, M.D., Professor of Obstetrics, etc., in Bellevue Hospital Medical College (Extracted from *New York Medical Record*)*:

The Treatment of Inevitable Abortion.—In the first two months little treatment besides rest in bed for a few days is ordinarily required. In the exceptional cases the treatment does not differ from that in the hemorrhages of the non-pregnant uterus.* In the third month we distinguish:

- I. Cases in which the ovum is thrown off entire.
- II. Cases in which the sac ruptures and the embryo escapes with the discharged fluid.

1. When in the third month the ovum is thrown off without rupture of the fetal membranes, the hemorrhage rarely assumes dangerous proportions. The uterine contractions press the ovum into the cervix, which dilates, and in primiparæ becomes somewhat elongated. As the ovum descends, the body of the partially-emptied uterus retracts. The effused blood coagulates in thin layers between the ovum and the uterine walls. The ovum forms a tampon which fills the cervix and restrains the hemorrhage.

No active treatment is therefore demanded. A vaginal douche, consisting of a pint of tepid water, may be used twice a day as a measure of cleanliness. All attempts to disengage the ovum with the finger should be avoided, as endangering its integrity. The vaginal tampon is unnecessary. It should only be used as a safeguard where patients live at a distance from medical assistance, and can only be visited at long intervals. As it is never certain that the rupture of the ovum may not take place during the course of its expulsion, the tampon may in such cases be employed in anticipation of a possible increase of hemorrhage from sudden collapse of the membranes. In multiparæ the ovum seldom remains long in the cervix. In primiparæ, upon the other hand, the tardy dilatation of the os externum may lead to a retention of the ovum in the cervix, lasting for days. As this condition is extremely painful, it is allowable to dilate the os externum with the index finger, or even by incisions through the ring of circular fibers which furnish the cause of delay.

Small portions of the decidua vera sometimes remain after abortion, attached to the uterine walls. They commonly do no harm, but are discharged later with the lochial secretion.

2. When the sac ruptures, and the liquor amnii escapes, the removal of the pressure exerted upon the uterine wall by the intact ovum is followed by profuse hemorrhage from the utero-placental vessels.

The diagnosis of rupture may be made either from finding the embryo in the clots, or, in the case of a dilated cervical canal, by the direct examination of the uterine cavity. Although after rupture portions of the ovum may still be felt, we miss the smooth surface of the fluctuating amniotic sac.

When the embryo can not be found, and the cervix is closed, profuse hemorrhage alone would render the occurrence of rupture extremely probable.

The principles of treatment in these cases are very simple. The indications are to check the hemorrhage and to empty the uterus. As to the best methods of attaining these results opinions widely differ.

When cases are treated with rest in bed, the internal administration of ergot, and cold cloths applied to the abdomen and vulva, the loss of blood is usually considerable, but the most of them terminate favorably. In some, however, the hemorrhage may prove so severe as even to threaten life. Now it is in every way desirable for the future welfare of the patients to restrain the hemorrhage within the narrowest limits. The most effectual means of arresting the hemorrhage is to clean out the uterus. If, therefore, the physician finds at the time of his visit the cervix sufficiently dilated to allow him to introduce his finger into the uterus, he should not hesitate at once to remove the retained portions of ovum. The operation does not require any considerable amount of technical skill, while the immediate results are in the highest degree satisfactory. The patient should be placed crosswise in bed, with the hips drawn well over the edge. The legs should be flexed, and the thighs held, where assistants can be obtained, at right angles to the body, to secure the greatest degree of relaxation to the perinæum and abdominal walls. The right index finger should be then passed into the vagina and through the cervical canal, while the left hand placed upon the abdomen gradually presses the uterus down into the pelvic cavity, so as to bring it within reach of the examining finger.* This portion of the act should be performed slowly, while every effort is made to divert the attention of the patient. Hasty manipulations invariably excite, in the most willing of patients, the full resistance of the abdominal walls. When the point of the finger reaches the os internum it is sometimes necessary to pause for a minute or two, to await a sufficient degree of dilation to allow the finger to pass beyond the insertion of the nail. When the right finger is used, it should be made to pass upward with its dorsal surface along the left side of the uterus to the opening of the fallopian tube, thence across the fundus to the right side. As the tip of the finger passes down upon the right side it presses the detached ovum before it toward the os internum. By the time the finger has thus made circuit of the uterus, the ovum is pressed into the cervical canal, and thence passes easily into the vagina. With the left finger the movement is exactly the reverse. The finger passes first with its dorsal surface directed to the right side, from the right fallopian tube across the fundus, and downward along the left side of the

* In the discussion following the reading of this paper Dr. Barker drew my attention to the occasional severity of hemorrhages in the first two months of pregnancy.

* Prof. A. R. Simpson (Trans. Edin. Obst. Soc., Vol. IV, p. 227) recommends drawing down the uterus by means of volsellum forceps attached to the anterior lip of the cervix. I have once seen extreme hemorrhage follow this manoeuvre (seventh month of pregnancy), and now feel some hesitation about its employment, at least in the latter months.

uterus. The only resistance the finger meets is at the placental insertion, where a certain amount of manipulation is required to complete the detachment.

When the uterus can not be pressed down within reach of the index finger by force exerted above the symphysis pubis, it is permissible to introduce the hand into the vagina; but in such a case the fingers are apt to become cramped, and all freedom of manipulation to be destroyed. A better means of overcoming the difficulty consists in the administration of an anæsthetic. In cases of extreme anæmia, chloroform should be discarded as too dangerous. Ether, however, has often seemed to me, on the contrary, to possess a stimulating action, and its use to be followed by increase in the volume and force of the pulse. The relaxation produced by the anæsthetic makes it easy to depress the uterus down to the pelvic floor, where it can be reached with comparative ease.

After the removal of the ovum, the cavity of the uterus should be washed out with a stream of tepid carbolized water, in order to bring away any small detached portions of the ovum. In the manual extraction of the ovum, deliberation and perseverance are the main elements of success.

If, when the patient is first seen by the physician, the cervix is not sufficiently dilated to allow the finger to pass without force, the vaginal tampon should be employed.

The tampon restrains the hemorrhage, stimulates the uterus to contraction, and allows time for the employment of measures to rally a patient exhausted by profuse losses of blood. The material of which a tampon is made is a matter of indifference, provided only it fills the vagina to its utmost capacity. In cases of urgent need, a soft towel, handkerchiefs, strips of cotton cloths, dampened cotton, wool, and the like, may be seized upon to meet a temporary emergency. The time-honored sponge, on account of its porosity, is least deserving of favor. When, however, the physician proposes to leave his patient for a number of hours, the mere hasty filling of the vagina through the vulva will not suffice. On the contrary, the highest degree of safety can only be secured by the closest observance of the rules of art.

Essentials of a Good Tampon.—The first essential of a good tampon is that it be carefully packed around the cervix uteri, and fill out the more dilatable upper portion of the vagina. This can be accomplished only by the aid of the speculum. The method I usually employ is one, the credit of which, so far as the general features are concerned, I believe belongs to Dr. Marion Sims. It consists in soaking cotton wool in carbolized water, and then, after pressing out any excess of fluid, in forming from the carbolized cotton a number of flattened disks about the size of the trade-dollar. The patient is then placed in the lateroprono position, and the perinæum retracted by a Sims speculum. The dampened cotton disks are introduced by dressing-forceps, and under the guidance of the eye are packed first around the vaginal portion, then over the os,

and thence the vagina is filled in from above downward, until the narrow portion above the vestibule is reached. No other plan of tampon with which I am acquainted can compare in solidity and effectiveness with this. Its removal is accomplished by the detachment with two fingers of a portion at a time. This part of the procedure is moderately painful. Many methods have been suggested to overcome, in the removal, the necessity of introducing the fingers into the vagina. A very ingenious one consists in attaching the cotton to a piece of twine, so as to form a kite-tail, which can be withdrawn by simply making tractions upon the extremity of the string left hanging outside the vulva. Prof. I. E. Taylor uses a roller bandage. It is efficient, and, like the kite-tail described, can be easily removed.

Introduction of Tampon.—Before the introduction of the tampon the vagina should be thoroughly washed out. No tampon should be allowed to remain in the vagina much over twelve hours. Immediately after withdrawing the tampon, before proceeding to the examination of the uterus, the vagina should be cleansed by an injection of tepid carbolized water (gr. xxx. ad. Oj.). Often, after the removal of the tampon, the ovum is found in the upper portion of the vagina, or filling up the cervix. If this is not the case, and the cervix is not dilated, so that manual extraction may easily be performed, the tampon should be re-introduced.

It is customary from the outset to sustain the action of the tampon by the administration of ergot, either in the form of the fluid extract (thirty drops every three or four hours), or of a solution of ergotine given hypodermically. (Ergotine, gr. xij, glycerine, 5 i, ten minims twice in the twenty-four hours.) In women with abundant adipose tissue the injection should be made into the subcutaneous tissues of the lower abdomen. In others the outer surface of the thigh should be selected.

If the patient is collapsed from loss of blood, after tamponing, opiates, tea, and alcoholic stimulants should be administered; the latter in small but frequently-repeated quantities, until the cerebral anæmia is relieved, and the capillary circulation restored.

If after its removal the cervix is found not to be dilated, the tampon may be re-introduced and left in situ for another period of twelve hours. The employment of the tampon is not, however, to be recommended for a period much exceeding twenty-four hours. Its continued use is apt to irritate the vagina. In spite of carbolic acid it acquires an offensive odor. It generates septic matters which, in the long run, creep upward through the cervix into the uterine cavity, and produce decomposition of the ovum. I prefer therefore, in cases of undilated cervix, after twenty-four hours of vaginal tamponing, to resort to sponge tents. The tent should be long enough to pass well up through the os internum. After six to twelve hours the tent should be removed, and after a preliminary vaginal douche manual extraction be proceeded with in accordance with the rules already given.

The Treatment of Neglected Abortion.—When,

following abortion, the uterus has once been completely evacuated, hemorrhage ceases. A slight lochial discharge persists for several days during the period in which the uterine portion of the decidua vera completes its period of repair. If therefore a patient comes to us two to three weeks after the supposed conclusion of an abortion, with the story of recurrent hemorrhages taking place as a rule whenever she leaves her bed and assumes the upright position, it may be assumed with an approach to certainty that portions of the ovum still remain within the uterus. Oftentimes a fetid discharge points to the fact that decomposition has been set up. The absorption of septic materials may furthermore become the source of chills, of fever, and of great uterine tenderness. In most cases with rest in bed the contents are discharged by suppuration, and recovery ultimately takes place, but only after a slow, protracted convalescence, during which pelvic cellulitis and pelvic peritonitis occur as not uncommon complications. Hemorrhage, peritonitis, and septicæmia may, however, bring the case to a fatal issue. The removal of the retained placenta and membranes is therefore indicated not only as a measure calculated to promote recovery, but to avert possible danger to life.

With regard to the operation for removal, the rules already given are applicable. The following peculiarities should, however, be borne in mind. In case the retained portions are undecomposed the cervix is usually found closed, and requires preliminary dilatation with the sponge tent. When decomposition has once set in, the os internum will, as a rule, allow the finger to pass into the uterus.* When a decomposed ovum is removed by the finger, a chill and a septic fever which rapidly exhausts itself, however, is apt to follow in the course of a few hours. This chill and fever result from the slight traumatic injuries inflicted by the finger upon the uterine walls, whereby the capillaries and lymphatics become opened up to the action of the septic poisons. The fever ends in a short time because the reservoir of supply is removed with the *debris* of the ovum. If the uterine cavity, after the operation, is carefully washed out with carbolized water, the septic fever is often averted. The beneficial results following the complete emptying of the uterus in these cases are so decided that of late years I have not allowed myself to be deterred from proceeding actively, even when perimetritis and parametritis in not too acute a form already existed. In practice, multitudes of examples show that the products of inflammation, situated in the pelvis, do not absorb so long as putrid materials are generated in the uterine cavity.

The removal of a fibrinous polypus, owing to its smoothness and the small size of the pedicle, is often a Sisyphus task. The separation can only be successfully accomplished when the palmar surface of the index finger presses from above upon the point of attachment. This necessitates a choice of hands.

Thus, when the polypus is situated to the left, the right index finger should be employed; and the left index finger when the polypus is situated to the right. After the detachment is complete it is necessary to press the polypoid body firmly against the uterine walls and proceed with its withdrawal slowly. If, as sometimes happens, the polypus slips from under the finger, it is necessary to pass the finger again to the fundus of the uterus and repeat the attempt. Small portions not larger than a pea can be washed out by the uterine douche. When the polypus is attached near the os internum, the latter will be found patulous; but when it is well up in the body of the uterus, dilation with sponge tents is a frequent prerequisite to removal.

A good deal of testimony has been offered of late by Skene, Spiegelberg, Mundé, Boeters and others in favor of the use of the curette for the removal of retained portions of ovum. To whom, exactly, the honor of this method belongs it is difficult to say. Accidentally I read in a record-book of Bellevue Hospital a few days ago an account of the operation performed by Dr. Fordyce Barker in 1870. With the curette the dangers from dilating the os and manipulating the uterine cavity are avoided. For myself, however, I confess I never feel quite safe until my index finger has made the complete tour of the uterine cavity. Still the method has its advantages in cases where the removal of bodies retained within the uterus is complicated by the existence of extensive peri- and parametritis.

Summary of Rules in Treatment of Abortion.—

1. In the first two months an abortion needs no special treatment. The hemorrhages of early date are amenable to the same principles of treatment as those from non-pregnant uterus.

2. In the third month no treatment is required when the ovum is expelled with intact membranes.

When the membranes rupture previous to expulsion, and hemorrhage takes place immediately, removal should be attempted; provided the cervix be sufficiently dilated to admit the index-finger. When the cervix is closed the tampon should be tried for twenty-four hours. If the tampon proves ineffective, the cervix should then be dilated with a sponge tent and the ovum removed with the finger. The finger should pass up along the side of the uterus, across the fundus, and complete the circuit of the uterine cavity.

3. In cases of neglected abortion retained portions should be removed by the finger or the curette. When the ovum is decomposed no dilatation of the os is usually necessary. When the ovum is fresh the preliminary use of sponge tents is usually demanded if manual delivery is resorted to.

4. Fibrinous polypi, when situated near the os internum—a rare occurrence indeed—arrest the involution of the lower portion of the uterus. The os is, therefore, open, as a rule, and permits the passage of the finger. When the polypus is attached to the fundus the cervix is usually closed. Small, smooth, slippery bodies, like fibrinous polypi, are rarely to be detached, unless the finger operates from above, so

* HUTER: *Compendium der Geb. Operationen*. Leipzig, 1874, S. 32. To this excellent work I acknowledge my indebtedness for many hints and suggestions of extreme practical value.

that the choice of hands depends upon the side to which the polypus is attached.

5. In immature deliveries hemorrhage can usually be controlled without the tampon, by compression of the uterus, and, in cases of delay, by the manual extraction of the placenta.

THE TREATMENT OF BALDNESS.

In the *Atlanta Medical and Surgical Journal*, Dr. George H. Rohe writes on this widely interesting subject.

Having been himself a sufferer from seborrhœa and consequent alopecia for six or seven years, the writer has, as may be supposed, tried a great many remedies with a view to its alleviation and cure. Arsenic internally, stimulating washes or oily applications, containing in the one case corrosive sublimate, in the other quinine, or tannin, in still another some of the stimulating oils, were used with no appreciable effect either on the formation of scales or the depilation. Finally, about two years ago, an item went the rounds of the medical journals to the effect that a French physician, whose name has escaped me, had found that the local use of a five per cent. solution of chloral hydrate was a sovereign remedy for the trouble under consideration. Rejoiced that at last I could appropriately shout "Eureka!" I began to use the chloral wash assiduously for about three months, following the directions given as accurately as possible. At the end of the three months the production of scales was more rapid and the fall of hair greater than ever. Disgusted with the failure of all the therapeutic measures which had been so highly lauded, I almost decided to let the affection take its own course, and run the risk of a shiny bald pate at thirty. About that time the second volume of Hebra's classical treatise on diseases of the skin,* came to hand, and one of the first things I read was Kaposi's thorough article on alopecia. Impressed with the reasonableness of the views put forth by Kaposi, I determined to give his plan of treatment a trial, with the result of checking the fall of hair and diminishing the production of scales in a reasonable short space of time. I have since then recommended the plan in a considerable number of instances, and, when it has been faithfully carried out, with uniform success.

The success of the method depends upon the use of an agent which, while mildly stimulant, removes the scales and thoroughly cleanses the scalp. This agent is the German or French soft soap (green soap, schmierseife, savon vert.) in alcoholic solution. This soap is now imported in large quantities and prescribed daily by the dermatologists of Boston, New York,

Baltimore, Philadelphia and other cities. The soap, containing an excess of alkali, saponifies the fatty matter of the sebaceous secretion, and it is thus easily removed. The alcohol greatly assists this action, and seems also to have an alterative action—if such an indefinite term is excusable—on the glands. The two may be combined as follows:—

B. Saponis viridis (Germ.),
Alcoholis. aa. 3 ij.

Solve, filtra, et adde ol. lavandulæ gtt. xx-xxx

The oil of lavender is added to cover the disagreeable fishy odor of the soap. The above makes a very handsome orange or wine-colored preparation, with a pleasant odor, to which the most fastidious will hardly object.

This is used as a shampoo every morning or evening, pouring one or two tablespoonfuls on the head. Upon the addition of water, and smart friction with the fingers, a copious lather is soon produced. After keeping up the shampooing process for four or five minutes, all the soap must be washed out of the hair by the free use of warm or cold water, and the hair thoroughly dried by means of gentle friction with a soft towel. The immediate effect experienced is a disagreeable feeling of tension of the scalp, as if it were stretched too tightly over the skull. To obviate this effect, and to keep the scalp from getting too dry, and thus, perhaps, set up a true pityriasis, it is necessary to follow up the shampooing with some fatty application, which may contain some mild stimulant, thus: Castor oil, 1 part, to alcohol 3 or 4 parts, with a little oil of rosemary or cinnamon, or the elegant pomades and oils of Bazin and other manufacturers may be used. But the best, as well as the neatest preparation that I have employed for this purpose, is the hydrocarbon known in commerce as cosmoline. This is a product obtained from petroleum. It is entirely bland and unirritating; never turns rancid, and is comparatively cheap. It may be obtained in the fluid form or as a soft solid.

This procedure, shampooing, drying the hair and applying the greasy preparation, must be repeated daily for three or four weeks. In the course of that time it will be discovered that the production of scales and the falling of the hair has been very markedly decreased. It will then suffice to repeat it two or three times a week for a month or two longer, after which a good shampoo once a week will usually succeed in maintaining a permanent cure.

Most patients will be alarmed after using this method at first, because the hair comes out in greater quantity than before. This is due to the fact that a large number of hairs are dead and only retained in their follicles by the plugging of the sheath with the accumulated sebaceous matter. The patient should, therefore, always be prepared for this result, and

* Hebra & Kaposi; Hautkrankheiten, 2 Band Erlangen, 1876.

the cause of the increased falling of the hair explained to him.

It is not necessary, though more convenient, to cut the hair short during the treatment.

When the alopecia has lasted so long that the hair bulbs have become atrophied, nothing will restore the hair on those spots. Our endeavors must be directed to saving what remains. A prognosis favorable to the restoration of the hair must, therefore, be given with caution.

USE OF SALICYLIC ACID.

Dr. WILLIAM SQUIRE, in a communication to the *British Medical Journal* (April 26th, 1879) on the two independent effects of salicylic acid, the germicide and antipyretic, says: there are many conditions of disease where it would be well to make use of both these actions, and some where the antipyretic is distinctly aided by the germicide effects of the acid, so that fever is lowered more certainly and quickly by its use than when the more easily administered soluble salt is prescribed. This is well seen in scarlatina aginosa, and sometimes in diphtheria, whether the acid be conveyed to the throat directly, or be suspended in mucilage, or by means of glycerine, its most convenient solvent. Half an ounce of glycerine, when hot, will dissolve half a drachm of salicylic acid. This is stronger than necessary, and, when cold, will either deposit some of the acid or may become solid; in either case, it will re-dissolve when heated, and can be mixed in a warm spoon with an equal quantity of hot water, and given in small quantities with or without any drink afterwards; or, a solution of five grains of salicylic acid to the drachm of glycerine can be used, either alone or given with a little cream. In this way, not only are the mouth and throat cleansed, but the fever is soon lessened; it is only while the fever is high that the strong doses need be continued. In cases of moderate severity, it suffices to prescribe this weaker glycerine solution, and to order half a drachm or a drachm to be mixed with an ounce of water at the time of administration. The latter is quite strong enough for an adult, and is better followed by a drink of water. Or half an ounce of the glycerine in half a pint of water forms a suitable mixture; this sipped frequently, or given as a drink every two or three hours, diminishes fever and improves the throat. Such a solution of two grains to the ounce is efficient as an antiseptic, and can be used in spray. Where a general antipyretic effect is desired, salicylate of soda may be given at the same time, fifteen grains being equivalent for this purpose to ten grains of the acid. It is contra-indicated where there is renal congestion or any albuminuria, as most of the acid is excreted by the kidneys. This method of administration is

more suitable to scarlet fever than to diphtheria, where the necessity for giving iron restricts the use of salicylic acid to the intervals when the stronger form can be applied in small quantities frequently. In erysipelas, no form of salicylic acid is advisable; not only would it interfere with the use of iron, which is then essential, but there is no febrile condition over which it has so little control as erysipelas. In typhoid fever, the use of salicylic acid presents some advantages over that of salicylate of soda. The glycerine solution is suitable for administration in diabetes, salicylic acid having a power of checking the formation of sugar not possessed by salicylate of soda. For this purpose the acid is required in full doses; it might take the place of carbolic acid in rendering diabetics more tolerant of operation and less liable to suffer from boils and from suppuration. In catarrhal sore-throat, or at the commencement of a common cold, the weak solution of salicylic acid is beneficial. For checking the febrile reactions in phthisis it is also preferable. It also acts as a sedative to the pneumogastric, and the weaker glycerine solution in water relieves cough. As a remedy in whooping-cough, this solution may be found as effective and more convenient than the laryngeal insufflation of the powder. Hay-fever is checked by dropping a grain to the ounce solution into the nares. The great obstacle to the freer use of salicylic acid is its sparing solubility in water; this difficulty has been overrated. Solutions of one or two grains to the ounce keep clear or deposit a few flocculi only, when theoretically all but one-fifteenth of a grain should separate.—*British Med. Journal*, April 26th, 1879.

ANTISEPTIC MIDWIFERY, ADVANTAGES OF.

Perhaps the most interesting communication made to any of our societies lately is that of Dr. Matthews Duncan to the Medical Society on *Antiseptic Midwifery*. So important was it, and listened to with every attention by a distinguished audience, that an abstract of it may be acceptable to your readers. Being a great personal friend of Prof. Lister's, having left the northern metropolis at nearly the exact time Prof. Lister turned his steps southward, it might *a priori* be surmised that Dr. Duncan would be an advocate of the antiseptic plan of treatment. Consequently a large number of practitioners came to hear, and also to learn how antiseptics are applied to every-day midwifery. Dr. Duncan commenced by saying that there is no subject which excites more professional interest or more interest among the general public than that of puerperal deaths. A wife, the mistress of a household, the solace of her husband, the proud mother of a number of happy children, is suddenly snatched away after an auspicious event. There is some thing so sad about such deaths that all would welcome with heartfelt joy any plan which promises to lessen such disastrous

events. Puerperal deaths own various causes, but by far the most frequent and prevalent causes are septicæmia and pyæmia. Both these diseases involve or imply inflammatory processes, and both are essentially septic. It is against them that antiseptic midwifery wages war, and in which, he said, it had already achieved great success. The object of the paper was to spread and diffuse further knowledge on this important matter, and to stimulate further inquiry into it, with a view to the more general adoption of the beneficent antiseptic methods. Already, said Dr. Duncan, more pain is prevented, more life saved, by antiseptic methods than by all the recent improvements of modern midwifery combined; and there is no prospect half so bright and encouraging as that held out by the general adoption of the antiseptic treatment of the parturient condition. And, it is certain, all fervently wish that these high hopes may be realized. He would not, he said, proceed to discuss that division of the subject, the treatment of the blood by which the fermentation or sepsis is carried throughout the organism, as by the use of hyposulphites, introduced by Polli, of Milan. He would confine himself to the consideration of the local use of antiseptics. He pointed out that the healthy lochial discharge of some women approached in smell and odor putrefactive discharges, so that it was not always possible to discriminate them; but in all doubtful cases it was well to treat them as if putrefactive. The putrefying lochial discharge may find its way directly into the blood by the uterine sinuses, or be taken up by the lymphatics: in either case a state of blood-poisoning, or septicæmia, is set up. The removal of all putrefying material is essential to the arrest of this blood-condition. The antiseptic measures to be adopted consist of the removal of the offending material by the obstetrician's finger, or a pair of forceps, previously covered with an antiseptic. In some cases it becomes necessary to introduce the hand, which should previously be carbolicized, by being smeared with the ordinary carbolic acid and oil mixture. By such treatment of the hand preparatory to its introduction into the female passages, two ends are attained. If there be no great amount of putrefaction present, the hand thus treated carries with it no danger of leaving putrefying matters, or germs, on the bared surface; while on the other hand it is a means of applying an antiseptic to a surface on which a putrefactive process may be actively progressing. Then as to injections into the uterus, he advocated carbolicized water and the gentlest possible force sufficient to throw the fluid into the uterine cavity. Neglect of these precautions might lead to the introduction of air or fluid into the uterine sinuses, and produce baneful results. To secure gentleness of pressure, it was of the first importance to have free and sufficient exit for the fluid injected, and often it became necessary to use a double canula. The running out should be carefully watched, and the moment the outflow ceases the injection should be stopped. He did not agree with those who advocated the leaving of the intra-uterine tube *in utero* to act as a drainage-tube. If antiseptically plugged

it no longer acted as a drainage-tube, and not so plugged, it was a source of danger in itself. To secure gentle pressure it was well to have a long tube, so that the fluid could be held above the patient; but it should not be raised to an undue height. A warm carbolic lotion of the strength of one in fifty was useful. About half a pint or a pint should be injected at once, and the uterine cavity should be washed until the fluid returns clean. It is not desirable to have too frequent daily injections. Such irrigation might be desirable in some cases, even when no putrefaction was present. I am not now engaged in midwifery practice, and never lost a patient in the parturient or post-parturient state, but I can remember a number of cases where the lochia became offensive, where such irrigation would probably have given much comfort to the patient and those in attendance upon her. There was a certain risk of the carbolic acid producing poisoning of its own certain cases, but Dr. Duncan said that the production of dark-colored urine merely was quite unimportant. At times more serious symptoms were produced, as shivering, cyanosis and a weak and fast pulse. So far as he knew, no fatal case had yet occurred.

The great modern improvement in antiseptic midwifery was the prophylaxis of puerperal septicæmia. This subject could be divided into the prevention of danger from within and of danger from without. In addition to the most scrupulous carefulness as to perfect cleanliness about the parturient woman, in different Continental schools, they had adopted the plan of using carbolicized ointment for smearing the finger previous to its introduction into the vagina, and systematic carbolicized irrigation of the uterus after parturition, with most excellent results. As to the use of the spray in labor, at the moment of the birth of the child, it had been attempted, but was found to be very troublesome and in many ways objectionable. The spray had been tried in the performance of Cæsarean section, as it had in the operation of ovariectomy, with good results. It certainly seemed very desirable that the spray should be used for the treatment of the abdominal as well as the uterine incision; but the drawback here was that, in spite of all care on the part of the operator, septic material might find its way into the uterus through the natural passages. Returning to the subject of antiseptic midwifery, he said that now it was comparatively easy for physicians and nurses to keep themselves medically clean, and that the danger of puerperal septicæmia being carried by the medical man, and nurse, from one patient to another, was much diminished,—an expression of opinion which elicited some adverse comment from Professor Playfair, who advocated the old plan of refraining from midwifery for a time, when it was found that one case of puerperal fever followed after another. Dr. Duncan pointed out that if this principle was carried out to its logical conclusion, the general practitioner would have to abandon all his other practice if he, by any oversight, saw a case of scarlatina.

If a piece of membrane or placenta was retained

in the uterus, it was well to use a three per cent. solution of carbolic acid for at least twelve days after the accouchement, as prophylaxis against danger arising from within. Others advocated a solution of the subsulphate of iron with glycerine under these circumstances. But poisoning from within was not so often a cause of septicæmia as poisoning from without; and care on the part of the obstetrician would be found the great means of obviating puerperal septicæmia. It was by avoidance that puerperal mortality was to be reduced in amount. When septicæmia had once been started, then the treatment was no longer that of prevention, but that of cure. Dr. Duncan, as he announced at the commencement of his lecture, did not go into the treatment of the blood in puerperal septicæmia, but perhaps your readers will not feel aggrieved if his remarks are supplemented by some others on the management of the general condition. When symptoms of septicæmia set in, not only should the irrigation of the uterus several times a day be assiduously carried out, but antiseptics should be administered internally. Chlorate of potash and the sulphites and hyposulphite of soda, together or singly, should be given freely by the mouth. In one case in my by-past general practice, a delicate woman was confined of a dead, putrid child: on vaginal examination the head felt like a leather bag with a lot of pieces of broken pot in it, the cranial bones being all loose and out of place, and the foetus discolored and far advanced in putrefaction. In this case the lochia became very putrid and stank, and there were evidences of blood-poisoning on the part of the mother. By means of vaginal injections of a solution of the sulphites and the internal administration of chlorate of potash and sulphite of soda, the ominous symptoms passed away, and the woman made an excellent recovery. Such was a successful case treated antiseptically, but in a very primitive way. Now the management of the case would be considerably more advanced and scientific. In addition to the injections and the internal administration of the various antiseptics, it would be well to influence the air respired by the patient, and to place in the sick-room some disinfectant; the drawback to this being the objectionable smell of most of these potent agents. Sanitas is odorless, and solutions of thymol are not offensive certainly, if they do not form a very agreeable scent, and such should be used freely, being sprinkled over the floor, and, better still, being well sprayed about the room at frequent intervals. This should be continued as long as any signs or symptoms of septicæmia remain. That such should be the line of treatment to be pursued in all cases, either of established septicæmia or where it is threatening, there can be no doubt remaining. The question then arises, "Shall antiseptic precautions be taken in all cases of parturition?" As regards my personal opinion, it is affirmative of this proposition. Antiseptic precautions, in the first place, are not expensive. They would form a species of cheap insurance. In the next place, they are free from danger if used carefully. Dr. Duncan pointed out that careless irrigation of the uterus

might lead to serious consequences, air or fluid might be forced into the uterine sinuses; but against this may be set the presumption that the man who is careful enough to adopt antiseptic obstetric precautions would be careful enough to see the antiseptic method carried out properly in the one single source of possible danger, the irrigation of the uterus. As to the argument which might be raised that this involves unnecessary fuss and trouble, the answer must be returned that, after certain unpleasant incidents, it is commonly found that a very little care and foresight would have prevented the disasters. All preventive medicine has this for its *raison d'être*, and many, if not most, practitioners will probably soon adopt antiseptic midwifery; and as to those who do not, it is probable that, when they do have cases of puerperal septicæmia, they will find their conduct and management of their cases sharply criticised. The obstetrician would carry with him, as part of his armamentarium, a bottle of carbolized oil with which to anoint the finger at each vaginal examination and to anoint the dorsal surface of the hand and arm in turning. Also the instrument might be smeared with this antiseptic before being applied, in the cases which require them. This would involve their being thoroughly cleaned; and then it is to be hoped we hear no more of such sad cases as that reported in a recent number of the "Confessional," commenced in the *British Medical Journal* quite lately, where a medical man owned that, after delivering a woman with his forceps, he forgot to clean them, and the next woman delivered with the forceps died of septicæmia. This matter cropped up in the discussion on Dr. Duncan's paper, and Dr. John Brunton pointed out how the wood of the handles of midwifery forceps often shrank from the metal, thus leaving a crevice in which putrefactive material might lodge. He exhibited his own forceps which he had had for years in constant use: they consisted entirely of metal, nickel-plated, and their condition was admirable. In addition to the above, a little carbolic acid might be carried, in case it turned out that the child was dead, and it might be well to irrigate the uterus in a few hours, so as to prevent any putrefactive change with its consequent dangers. An irrigation of the uterus once a day, in all cases, with carbolized water, would be a cleanly practice, as well as a sanitary precaution in midwifery practice, and might be adopted generally with advantage.

How far the use of carbolized oil on the obstetrician's finger would tend to prevent that sad accident, syphilitic poisoning, it is difficult to say. An answer only could be given after a considerable experience by many and numerous individuals. But antiseptic midwifery must not be looked at from the point of view of the safety of the accoucheur, but from that of the safety of the patient. Where operative measures are anticipated, I venture to think that antiseptic precautions will always be taken, after the evidence we have already before us.

And, lastly, comes the cause of all this, the thing born,—the infant itself. Dr. Duncan said that young organisms are readily poisoned septicæmically.

It appears that ulceration of the stump of the umbilical cord has been followed by blood-poisoning in some cases, and that pus has found its way into the umbilical vessels. It is well then to dress the stump antiseptically, by enclosing it in a piece of lint treated previously to an application of carbolic acid and oil — J. MILNER FOTHERGILL, in *Philadelphia Medical Times*.

CLINICAL LECTURE ON SCROFULODERMA.

Delivered at the Hospital of the University of Pennsylvania.

By LOUIS A. DUWING, M.D.,

Clinical Professor of Diseases of the Skin.

Reported by Dr. ARTHUR VAN HARLINGEN, Chief of the Skin Clinic.

GENTLEMEN,—We may with profit, I think, devote a portion of the hour to the consideration of *scrofuloderma*, of which the case before us is an example. This woman illustrates one form of *scrofula* of the skin, the several other varieties of *scrofuloderma* being much less frequently met with. Her history is as follows:

She is of Irish birth, 37 years of age, is married, and the mother of nine children. Five of these are dead from affections in no way connected with her present disease, and four are living and healthy. She herself has always enjoyed good health up to within the last three years. At this period she suffered with a severe cold and sore throat, which was followed by the enlargement of a gland at the right side of the neck, near the clavicle. This "kernel," as it was called, at first was no larger than an almond, and quite movable under the skin. It grew slowly, however, until it reached the size of a small hen's egg; became filled with fluid; broke, and discharged slightly; and then healed over spontaneously, leaving a scar. A little later another enlarged gland appeared, this time on the left side of the neck, and this followed the same course as the first, growing slowly in size up to a certain point, then softening, discharging for a while, and healing up with a red, knotty scar. Other enlarged and inflamed glands have since shown themselves in the cervical region, appearing one after another during the past year or two, and becoming more and more frequent and severe, especially of late. The disease has never shown itself in any other part of the body. We note her present condition as follows:

The affection is confined to the cervical and clavicular region. It consists of a number of irregular, funnel-shaped, deeply-depressed, violaceous cicatrices, situated about the rami of the lower jaws on both sides, arranged in an irregular line down along the sterno-mastoid muscle, together with a few about the thyroid region. Most of these irregularly linear cicatrices are bossillated, and several contain abscesses or are covered with yellowish crusts. There are three lesions, however, in a more actively diseased condition. One of these is a

deeply undermined, irregular, unhealthy ulcer, oval, and about an inch in long diameter and half an inch deep, surrounded by a smooth border of violaceous, infiltrated integument, not raised above the skin generally. This is below the right clavicle. On the edge of the sterno-mastoid, just back of this, is a large-pea-sized ulcer, similar in character, but containing a crusted slough, which is just beginning to separate. On the upper border of the left clavicle is an abscess the size of a pigeon's egg and ready to break, surrounded by a violaceous areola. A small ulcer appears to be forming above the head of the sternum. The patient complains of poor appetite and of impaired general health; she is gradually losing strength.

The case is a typical one, and the picture must impress itself on your minds more forcibly than words can do. *Scrofuloderma* merits attention on account of its importance, its chronicity, and the disfigurement of the person which it in time causes by its ravages. And although, unfortunately, we do not know very much about its true nature, yet it deserves careful study and the attempt to treat it to the best of our ability.

From the frequency with which we hear of *scrofuloderma*, and meet with accounts of cases of so-called *scrofula* of the skin, it might be thought that the affection is one of common occurrence; this, however, is far from being the case, for our experience, both in this clinic and in the Philadelphia Hospital, indicates that the manifestation is by no means common. I speak, of course, of *scrofula* as it attacks the skin, and not of general *scrofula*, nor of glandular disease. From the history of this case, scanty as it is, many of you would know or suspect the character of the affection. If you look in the text-books to learn something about *scrofuloderma*, you will become perplexed; or if you converse upon the subject with members of the medical profession, you will find the most varied and confused notions existing; for the subject is an obscure one. I cannot direct you to any book or monograph which gives a clear idea of the affection. Most usually it is confounded with *lupus vulgaris*, or with syphilis inherited or acquired; but *scrofuloderma* is, I think, a distinct disease, and is to be clearly distinguished from these others. Such is the view taken by most dermatologists.

The form of *scrofuloderma* here presented is that most frequently met. The disease is, as we have seen, associated with *scrofula* of the lymphatic glands, but the cutaneous lesions, apart from the glandular involvement, entitle it to our especial consideration. It is possible that the disease began in the lymphatic glands, which became engorged, filled with a cheesy deposit, then suppurated and broke down, and, involving the integument covering them, opened, forming ulcers pouring forth a puriform secretion. But the patient gives so confused a history of the occurrence of the various lesions, that this view may not be correct, and the sequence of the lesions may have been otherwise. It is, in fact, impossible to say if some of the lesions—notably that one pointed out as existent below the right

clavicle—may not have originated in the skin and worked down, while others have manifestly originated in the lymphatic glands and worked out into the overlying integument and to the surface.

There are several varieties of scrofuloderma: 1. That in which the disease begins in a lymphatic gland, which slowly enlarges; gradually breaks down; softens; becomes purulent; forms an abscess; and, sooner or later, discharges. 2. That in which the deposit occurs primarily in the skin, the lesions being flat, ulcerative, or hypertrophic. The lymph-glands here may or may not be involved. They are not necessarily involved, and in many cases entirely escape, the skin being the only structure invaded. 3. The papular scrofuloderm, large and small. 4. The pustular scrofuloderm, large and small. I would remark here that two cases of this latter variety have come under my notice during the past year. It is very readily mistaken for the small pustular syphiloderm, and the diagnosis is by no means easy. The large pustular scrofuloderm is commoner, and in appearance somewhat resembles ecthyma. I mention these varieties to point out to you the several forms under which scrofuloderma occurs, but do not propose to describe them to-day. The present variety is the second of those just defined. It attacks chiefly the neck and upper anterior part of the thorax; it is usually unattended with pain, unless the lesions should be so severe or in such a position as to be easily injured by clothing, etc.

As to the etiology of scrofuloderma, this is a question it is very difficult to say much about. It is not necessarily connected with privation, bad hygiene, poor food, and the like, since cases are met with in which patients in the higher walks of life, who have been tenderly cared for from infancy, and have enjoyed every advantage of nutritious food, fresh air, change of climate, etc., which could possibly be attained, have yet been the victims of scrofuloderma in its severer forms. While inherited in some cases, I can call to mind several severe examples where the family history showed entire freedom from hereditary taint. Syphilis inherited to the second generation is said to have an influence in the development of the scrofulodermata, but of this there is some doubt. In the third or fourth generation, perhaps, it is possible that the syphilitic cachexia may influence the production of scrofulodermata, just as any other cachectic condition might.

The pathology of scrofuloderma is not dissimilar to that of lupus vulgaris, a disease of which I hope to show you some instances during the course of these lectures. It consists essentially in a small cell-infiltration of the skin, finally destroying the same, as in the disease just mentioned; also as in syphilis, but its course is slower.

With regard to the diagnosis, scrofuloderma is more apt to be confounded with lupus vulgaris or with syphilis than with any other form of disease. When the lymph-glands are involved (as in the present instance), the diagnosis is easy; when, however the disease affects the skin alone the diagnosis

is often difficult. This ulcer under the right clavicle (which has been described) is quite characteristic. It is deep, with undermined, thin, smooth edges, and with a scanty, somewhat watery secretion, and without any tendency to heal over. It is surrounded by a violaceous area. The syphilitic ulcer is quite different: the edges are usually sharply cut, but not undermined; the secretion is much more abundant, and is decidedly purulent, and the areola surrounding it is of a much brighter hue of red. Again, the crusts on the lesions of scrofuloderma are characteristic; they are thin, adherent, and not likely to drop off. An ulcer like this crusts very slowly, where, if syphilitic, a crust would form over it in a few days. The cicatrices here are peculiarly characteristic, and are not likely to be mistaken for the cicatrices of any other disease; they are knotty, raised, and irregular, or they are deep and funnel-shaped, and are extremely disfiguring.

Now, gentlemen, what are you going to do in the way of treatment for scrofuloderma? I need scarcely say that the remedies are those employed against scrofula in whatever organ it may occur. The case before us is a difficult one, and we must at the outset tell our patient that but little can be done for several months, and protracted treatment must result. This ulcer will be the first lesion to granulate and heal over, but the enlarged and suppurating glands will require a much longer time before they are influenced by the treatment. To give an idea of its slow course, I would say that a case like the present will take at least a year, perhaps much longer, to cure under the most favorable circumstances. One discouraging point in cases attending a clinic like this—and, for the matter of that, in private practice—is that they are difficult to hold. Patients become wearied with the tedious progress of the cure, and give up treatment or change their physician. But, even where you can retain and control your patient, the cure is a matter of much difficulty. Hygiene is an important factor in the treatment of scrofuloderma. Salt-water or sea baths, sea air, change of climate and scene, travel, etc., are often necessary. Diet is a matter of importance. Patients suffering from scrofuloderma should take an abundance of animal food and considerable fat. Generally scrofulous persons loathe fatty food; nevertheless such food, in the most digestible form, is an important aid in the treatment. Cod-liver oil is, I need not tell you, generally necessary. There are cases, however, it must be said, in which the oil seems to do no good. Valuable as it often is, there are many cases where it certainly appears to be quite valueless. Then we have a serviceable remedy in the iodide of potassium, which should be administered in small doses and continued for a long time. By small doses I mean one to two grains thrice daily. We cannot give such large doses in scrofuloderma as we are accustomed to administer in syphilis, for the system will, as a rule, not bear them. In syphilis there is a tolerance which does not hold in scrofuloderma, and doses of from ten to thirty grains, which are not infrequently

administered with benefit in the former, would prove toxic in the latter. Other preparations of iodine are also useful. Extract of malt is another useful remedy in scrofuloderma; it seems to act favorably in building up the system. Preparations of iron may be employed with benefit. They may be administered for a few weeks or a month at a time, and may then be intermitted for a while. In fact, you should follow the same plan with the cod-liver oil,—stop it for a while from time to time, and then begin it again. Thus, by careful watching and judicious change of treatment from time to time, you can treat your patient through the year, and may hope for gradual amelioration and final cure.

The local treatment is very important, although, as a rule, less so than the constitutional. Stimulating ointments, as the ung. hydrarg., or ung. hydrarg. nitrat., or ung. hydrarg. ox. rub., are rarely borne well in sensitive skins; they often cause the tissues to break down. When used at all they should be weakened. In many cases I myself prefer lotions to ointments; at times, both lotions and ointments together. The liq. sodii chlorinat. I find very useful. It should not be applied in full strength,—certainly not at first,—but in the proportion of one to four or six of water, gradually making it stronger until you get the full strength. The ulcers should be bathed well with this lotion, and may then be dressed with some bland oil or ointment, as vaseline or cosmoline.—*Philadelphia Medical Times*, May 24th, 1879.

SUPRA-ORBITAL "TIC" CURED BY INJECTION OF CHLOROFORM.

In a case reported in *La France Médicale*, from six to twelve drops were injected into the upper eyelid, the point of the needle being directed towards the supra-orbital foramen. At first there was severe pain and some tumefaction, but a single injection gave relief for several months.

JABORANDI IN MUMPS.

Dr. Testa has treated five cases, four of which belonged to a single family. In two of these the œdema of the parotid region was very marked; the skin was red and shining; the fever intense. Jaborandi was given about 9 a.m. By evening the patients, after having experienced free transpiration and salivation, showed marked amelioration, and desired food. At his visit the following morning, Dr. Testa found the swelling in the parotid region much reduced. Two days later the cure was complete. Dr. Testa concludes that jaborandi is valuable in parotitis, on account of its hydragogue properties. Administered in good time, it sometimes cuts the disease short. It may prevent metastasis.—*Jour. des Sci. Méd.*, 1879, No. 3.

RETENTION OF URINE RELIEVED BY CHLORAL.

Dr. Tidd reports the case of a young woman, in the ninth month of pregnancy, who had not urinated for twenty-four hours, as a result of which the bladder was enormously distended. Catheterization was tried but failed, in consequence of the swelling and of the deviation of the urethra. Puncture of the bladder was proposed, but the patient refused to consent to it. Ten grains of chloral were then ordered every half-hour; it produced a deep sleep, during which the patient passed unconsciously an enormous quantity of urine. The evacuation commenced five minutes after the second dose of the solution. The retention did not return, and seven days later the patient was delivered of a healthy child.—*Jour. de Med. de Bordeaux*.

TREATMENT OF HEAT APOPLEXY WITH ERGOT.

Dr. Dedrickson has successfully treated several cases of sun stroke by means of ergot. The treatment consisted in the application of ice to the nape of the neck, and the administration of fifteen grains of liquid extract of ergot, and three minims of tincture of aconite every hour. The ordinary remedy of the East in cases of this kind is twenty grains of quinine. This was ineffectual in one of the cases in which the ergot proved beneficial. If the coma has advanced so far that the patient can not be made to swallow, Dr. Dedrickson suggests that ergotine may be injected subcutaneously. The aconite is to be omitted if the action of the heart is weak.—*Dublin Journal of Med. Science*.

HOW TO STOP A COLD.

Horace Dobell, in his little work on "Coughs, Colds and Consumption," gives the following plan for stopping a cold. If employed sufficiently early it is said to be almost infallible: (1) Give five grains of sescarb. of ammonia and five minims of liquor morphine in an ounce of almond emulsion every three hours. (2) At night give jss. of liq. ammon. acetatis in a tumbler of cold water, after the patient has got into bed and been covered with several extra blankets. Cold water should be drunk freely during the night should the patient be thirsty. (3) In the morning the extra blankets should be removed so as to allow the skin to cool down before getting up. (4) Let him get up as usual and take his usual diet, but continue the ammonia and morphia mixture every four hours. (5) At bed time the second night give a compound colocynth pill. No more than twelve doses of the mixture from the first to the last need be taken as a rule; but should the catarrh seem disposed to come back after leaving off the medicine for a day, another six doses may be taken and another pill. During the treatment the patient should live a little better than usual, and on leaving it off should take an extra glass of wine for a day or two.—*Mich. Med. News*.

THE TREATMENT OF EARLY PHTHISIS.

By Dr. J. MILNER FOTHERGILL, Assistant Physician to the Victoria Park Hospital for Diseases of the Chest.

The leading characteristics of early phthisis are cough, emaciation, loss of flesh, night-sweats, and pyrexia, with more or less hæmoptysis; each symptom indicating an appropriate line of treatment. For here it is essential to treat symptoms while doing our best to influence favorably the pathological process on which they causally depend. If asked the question, "What do you think the most important matter to attend to in the treatment of early phthisis?" my answer would be "To arrest the night-sweats." "The next most important?" "To keep the stomach and intestines in good order and attend to the assimilative processes." If these are not attended to all treatment is futile, or nearly so. If the sweats are not checked the blood-salts drain out as fast as supplied; if the digestive powers are not cared for, the food taken is not assimilated, and so the patient is no nearer more perfect nutrition and effective tissue repair.

To arrest night-sweats we must have recourse to some anhidrotic, as oxide of zinc, sulphate of copper, or one of the solanaceæ, as hyoscyamus, and still more belladonna. The first two act as astringents, generally affecting any part where there is an abnormally excessive flux; how, we do not know. Belladonna acts directly upon the secreting nerves of the sudoriparous glands, whether applied locally, or administered by the mouth. Probably hyoscyamus acts in an allied manner. Taken altogether there is no anhidrotic to be compared with belladonna: though in the few cases where it fails the other agents may be tried. But in order to get out the good effects of belladonna it is necessary to give it in sufficient dose. The ordinary dose of sulphate of atropia—for it is much better to use a solution of atropia of known strength than to give the tincture of belladonna, which may, and probably usually does, vary in strength—is in many cases quite insufficient. The variations of toleration of belladonna in individuals is as pronounced as is the case with Epsom salts; what is sufficient of the latter for one, exercises no influence over another person, while the dose some require to produce even a gentle action of the bowels would produce well-marked, nay, serious diarrhœa in others. I use atropia in doses varying from the seventy-fifth (75th) to the fiftieth (50th), and up to the twenty-fifth (25th) of a grain. A considerable proportion of patients are unaffected until the last dose is reached; and even then do not complain of much dryness of throat, or indistinctness of vision (effect upon the pupil as a guide to the administration of belladonna is utterly worthless). With many patients the seventy-fifth of a grain of atropia

will arrest the night-sweats, and in a certain number will affect the throat and eyesight; while others require the fiftieth to influence the night-sweats: and again a small proportion are uninfluenced till the twenty-fifth is reached. Thus we see the toleration of belladonna varies very much with different individuals. An impression exists in my mind that these large doses of belladonna are more frequently required in the case of Jews than of other patients. The practitioner then must not go away with the impression that belladonna had failed in any case until he has pushed the dose to decided dryness of the throat and distinct impairment of vision; flinging aside any effect upon the pupil as a fallacious test not to be trusted; for in my experience the pupil is rarely much affected; and yet in other cases a marked effect is occasionally produced on the pupil by placing a small belladonna plaster over the heart. To some other effects of belladonna reference will be made shortly.

The profuse night-sweats of phthisis, and at times of other maladies, are very exhausting. Sweat is a secretion which contains chlorides, phosphates, and sulphates of the alkalies, as well as urea, uric acid, traces of iron, and of fat or of fatty acid. Consequently, when the sweat is profuse in a person who is debilitated, it drains the body of its salts, and in doing so cripples the assimilative powers. Usually the first consequence of arresting the night-sweats of the phthisical is the return of the appetite—food is both relished and digested. So long as this drain goes on it is practically useless to give milk, phosphites, meat juice, &c., &c.—it is like pouring them through a sieve. The importance of checking the night-sweats cannot be overrated.

A few words as to the associations of night-sweats may not be out of place or without instructive value. It is well known that ordinarily the night-sweat comes on towards morning—in the deep morning sleep. Often, if the patient keeps awake the sweats do not come on. On the other hand, where deep sleep is produced by an opiate given to relieve the cough, profuse night-sweats are commonly the consequence. These associations of night-sweats are significant. They largely depend upon the relations which exist betwixt the pulmonary and the cutaneous respiration;—relations much more pronounced in human beings than is commonly supposed. Their relations in some of the lower animals are well-known. When the respiratory centre is depressed in deep sleep, and the pulmonary respiration is lowered very distinctly, the sudoriparous glands are thrown into action. When the blood is deficiently aerated, and there is an excess of carbonic acid in it, the sensory nerves of the sudoriparous glands are thrown into action and sweating follows. (Ott and

Field, Journal of Physiology, 1878.) When then the respiratory centre is exhausted by the efforts required to aerate the blood, where the amount of useful lung is limited, and the respiration drops low in deep sleep, sweating, or cutaneous respiration, is the result. Belladonna is a direct stimulant to the respiratory centre when failing, either from disease or from a toxic agent, and so is useful in two ways. It arrests the action of the sudoriparous glands on the one hand; and by stimulating the respiratory centre on the other does away with the necessity for hidrosis. Consequently it is well to give atropia with morphia whenever it becomes necessary to give the latter drug to relieve the night cough of phthisis. The antagonistic actions of morphia and belladonna are now sufficiently accurately ascertained to enable us to combine them in an intelligent and practically useful manner. Belladonna does not act so powerfully upon the hemispheres as to interfere much with the action of morphia upon them; while its sedative or paralyzant action upon the ends of the vagi (the sensory nerves) in the lungs renders it a useful adjunct to the morphia in arresting cough—a reflex action exerted by the presence of an irritant in the lungs in the form of the neoplastic growth. Not only that, but morphia lowers the activity of the respiratory centres, indeed kills by arresting the respiration, and after it the circulation: while belladonna is a direct stimulant to both. Consequently, even if there be no night-sweats, when it becomes necessary to exhibit opium or morphia for the night-cough of the phthisical it is well to combine with it a dose of atropine, to antagonize the effects upon those rhythmically discharging centres of the respiration and circulation—effects which are unsought and undesirable, yet unavoidable. (For the evidence for these statements the writer must refer the reader to his Essay on the Antagonism of Therapeutic Agents: and what it Teaches, 1878.) If there are already night-sweats the atropia will prevent the opiate making them worse; and often will be found effectual in checking them while not interfering with the desired effects of the opiate. The pill in common use by the writer at Victoria Park Hospital consists of one-fourth of a grain of morphia (hydrochlorate), a fortieth of a grain of atropia, with a grain of capsicum in powder, and three grains of pil aloë et myrrh. At the West London Hospital, of one-third of a grain of morphia with one-thirtieth of a grain of sulphate of atropia. This pill is well borne in almost all cases. The morphia checks the cough and procures sleep, while the aloëtic vehicle prevents the bowels being locked up, and the appetite diminished by the action of the opium upon the local ganglia of the intestinal tube, and on the sensory nerves of the stomach. By such a combination indeed we

can secure the desired action of the opiate, and get rid of the effects which are objectionable and detrimental to the patient. So far I have never once seen any of the toxic effects of atropia, as dryness of throat and indistinctness of vision, follow the use of this combination; the morphia apparently combating such manifestations. This use of opium and belladonna together will be found most serviceable in practice.

If belladonna pushed freely does not arrest the night-sweats—an occurrence very rarely encountered—then oxide of zinc with hyoscyamus or sulphate of copper with opium, may be tried. Dover's powder, conium, quinine, the mineral acids, or tannin, or gallic acid, or ergot may be tried. Then comes the question of applications to the skin. Vinegar or a weak solution of a mineral acid may be washed over the surface with advantage. Dr. Lewis Sayre informs me that an irregular practitioner in New York many years ago gained a great reputation in the treatment of phthisis by sponging the patient with hot vinegar containing a considerable quantity of powdered capsicum. He was very effective in arresting the night-perspirations; and, as usual, when these exhausting sweats are checked the appetite returns and food is relished and digested. However attained—if attainable at all—the first thing to be done is to check the night-sweats; and the hot vinegar with cayenne pepper is useful in very obstinate cases.

Attention to the stomach and bowels, or, as our predecessors used to say, *primæ viæ*, is essential and scarcely of secondary importance to the treatment of night-sweats. It may be heterodox to say this in the present worship of physical signs, but it may be said truthfully enough—that with phthisical patients it is more important to study the tongue than to go over the chest with the stethoscope. The latter may doubtless tell the extent of the disease, and so demonstrate the physician's skill in diagnosis: but the other affects the patient; and attention to it may save a life, and neglect of it lose one. When the tongue is covered with a thick fur, it is useless, or nearly so, to give iron and cod-liver oil; for the tongue is the indicator of the state of the intestinal canal, and absorption through the thick layer of dead epithelium cells is well-nigh impossible. It is well here to give a compound calomel and colocynth pill every second night, and to prescribe a mixture of nitro-hydrochloric acid, or phosphoric acid with infusion of cinchona, three times a day, till the tongue cleans. Or at other times the tongue is raw, bare, and denuded of epithelium: Here it is of cardinal importance to put the patient on a mixture of bismuth with an alkali, and a milk dietary. Often milk and seltzer-water will agree where milk alone is too heavy and too constipating. As long as the tongue is

raw it is necessary to fight the case on this line; attending to the night-sweats of course, but not attempting to give hæmatics or oil.

Then comes the matter of attention to all drains, such as diarrhœa. The phthisical are readily depressed by diarrhœa, and it should always be attended to energetically. Of course in the later stages, where the intestines are the seat of tuberculous ulceration, the diarrhœa is very intractable, requiring the free exhibition of bismuth and opium, and even of ipecacuanha, which seems to be of service in such cases. But in the early stages it will yield to a pill of sulphate of copper (half a grain) and extract of opium (one grain). Rice-water as a beverage is indicated where there is a tendency to diarrhœa, and beef-tea should be avoided. Beef-tea often sets up or keeps up a loose action of the bowels. Still more important is it to attend to all drains when the patient is a woman. The neglect of this matter is simply appalling. I have known a woman kept in our most famous hospital for six weeks for a trifling piece of mischief at the tip of one lung, and an attack of hæmoptysis of no great severity, while she was profusely unwell seven out of fourteen days; but it had never struck the physician to inquire into that form of hemorrhage. The woman was drained by menorrhagia and leucorrhœa, but these had never even been asked after. Another patient was some months in the Brompton Hospital for pleural thickening of the left apex, where a similar state of matters existed with ovarian congestion. It is needless to say that in neither case did any improvement result from the stay in hospital. Three years ago, when going over the National Hospital for Consumption at Ventnor, I asked as to how far any systematic inquiry was made into the drains of female patients, and found that no such inquiry was then practised. In ordinary hospitals no arrangements are made, or place provided where women may retire for the purpose of practising vaginal injections or the use of the bidet; to my mind a very reprehensible omission. In many menorrhagic women it is more successful practice to limit the loss of blood at the catamenial period than it is to build up the blood during the intermenstrual interval. As to leucorrhœa, it is a dead loss to the system from every point of view, especially mischievous in the phthisical.

As to diet. It must be nutritious, and easily assimilable. It should consist of meat-juice in any form, milk and farinaceous foods, and especially the different foods prepared for infants, which are mainly starch partially digested. If solid food can be taken well, very good, and a certain amount may be taken daily. Londoners seem to think that mutton is the food for all invalids, from the phthisical to the dyspeptic. Where there is a tendency to diarrhœa it is well to avoid beef-tea, and to resort to a milk dietary.

Where the digestive powers are low, meat-juice or raw meat pounded may be digested where starchy foods are not assimilated.

But my own opinion is that farinaceous foods are not so objectionable as some would make out, if proper care be taken to see that they are taken as they should be. Thus beef-tea, which alone is scarcely a food, becomes nutritious if biscuit-powder, fine oatmeal, or baked flour under any name, be added to it. This is better than thickening with isinglass, or gelatine. Then if there be diarrhœa, it is well to make rice-water and use it to dilute the preserved milk, instead of plain hot water. Attention to these trifles may constitute the turning-point of a case. Then milk puddings, stewed fruit and cream, especially where there is any tendency to constipation—or those cakes of oatmeal and treacle sold by Scotch bakers and confectioners, which are a very pleasant laxative food, may be eaten with advantage. It is well that the patient should sleep after the noontide meal; this aids digestion and cuts the weary day in two—no slight matter, especially when the days are long. Then when the digestive powers are feeble, and the patient cannot fast long, it is well to have a glass of milk through the night; or a glass of that excellent old-fashioned remedy, rum and milk, early in the morning; this breaks the fast, and often procures the patient some refreshing sleep ere getting-up time comes. With many, the glass of rum and milk enables them to relish the breakfast when it arrives, where otherwise the long fast would do away with all appetite. The breakfast should consist of coffee, or cocoa, with some good milk, an egg, or a little bacon; and the bread should be cut thin, and the butter rubbed well in. It is well to finish the breakfast with fruit, an omission in English practice that should not exist. A glass of milk, or a biscuit betwixt breakfast and lunch or early dinner, is indicated in some cases, where the patient cannot go long without food; but the too common practice of having a glass of wine at eleven o'clock has no vindication in most cases. Alcohol may be taken with food to aid the digestion, and a glass of sound wine or good malt liquor, at lunch and at supper, is often of service; but the constant sipping of alcohol is bad, and the port wine treatment of phthisis is unjustifiable, where it is not a hollow mockery and the wine a vile adulteration. A glass of really good port wine at meals suits some invalids better than any other sort of alcohol. Alcohol should be taken as an adjunct to other food—not as a substitute for it. Of course in the final stages alcohol is sometimes the only food that the patient can take; but it is a well-known fact they do not live long on it.

Such are the lines to be pursued in the treatment of early phthisis. Some intercurrent matters and side issues may now be briefly consider-

ed. The first is cough. Where a patient is one of several in a hospital ward it may be necessary for the sake of the others to give the patient a quiet night, as well as desirable for him, or herself. But opiates have drawbacks, and should be combined with other agents, as stated in the commencement of this article. The question of the use of an opiate linctus, "to be taken when the cough is troublesome," is one on which opinions may differ. My own opinion is dead against it: I have seen the most disastrous consequences follow—loss of appetite, constipation, further loss of flesh, &c. To my patients the advice given is—that it is better to put up with cough; that the "something for the cough" will do more harm than good, and that they are better without it. Some take the advice; others transfer their professional confidence to some physician who holds a different opinion about "cough-medicines"; anyhow I do not see much of the slow poisoning (often not so very slow) of phthical patients by opiate linctus now, having seen quite enough of it. Then there are those abominations called "cough lozenges," which are just as bad as the linctus. I do not dogmatically assert that these things never do good; but the harm done to most cases far counterbalances the good done to the few. If a medical man is called in to see a perfect stranger suffering from a racking cough, he is probably justified in prescribing a sedative cough mixture at first to give relief, and so gain the patient's confidence; but the systematic use of such medicine is too frequently immoral and unjustifiable. As to the use of "cough lozenges" Dr. Mitchell Bruce's view is a sound one; he gives the morphia and ipecacuan lozenge, finding from experience that the ipecacuan generally nauseates the patient before enough of morphia has been taken to do much harm. Where the cough is very troublesome, bromide of potassium may be given as affecting reflex action favorably with a minimum of bad after-effects. The most pleasant means of relieving cough, that is useless and harassing, is hydrobromic acid, with spirits of chloroform three or four times a day; it is effective as well as palatable. Chloral is not a drug to be advocated in cough.—*Practitioner*, Sept. and Oct., 1878, pp. 184, 241.

BRAVE MEDICAL OFFICERS.

The medical officers, both in Afghanistan and at the Cape of Good Hope, although reckoned as non-combatants, have in several instances been compelled to combine active fighting with their professional duties. Surgeon-major Shepherd, according to the hurried accounts which have up to this time reached us, may be said to have sacrificed his life in endeavoring to attend to a wound-

ed trooper stricken down in his attempt to escape. But for this effort to do his duty he might probably have got clear away, as he was reported to be quite well mounted. Surgeon Reynolds again, who was in charge of the temporary hospital at Rorke's Drift, is stated to have passed the long night with Lieutenants Chard and Bromhead, in alternate efforts to defend the hardly-pressed position and to administer to the wants of the wounded garrison. And in Afghanistan, Surgeon Burroughs is returned as wounded in the recent attack made upon General Biddulph's rear-guard. When peace is once more proclaimed, and honors are bestowed with no sparing hand upon the survivors of these two campaigns, it is to be hoped that the members of the medical department will not, as is too often the case, be forgotten, since in many instances they will be able to claim to have been actual combatants.—*Med. Times and Gazette*.

HYPODERMIC MEDICATION.

The hypodermic syringe, to him who knows how to use it, is an invaluable companion. It is indifferent whether the patient can swallow or not; the agents are the simplest; a sufficient medicine chest can be carried in the vest-pocket; there is no nauseous dosing, and the effects are prompt and certain. Would we relieve pain, we inject morphia; would we produce vomiting, apomorphia or emetina; would we lessen fever, quinia; would we excite the cutaneous and salivary secretions, pilocarpin; would we check hemorrhage, ergotin; would we evacuate the bowels, aloin; would we check night sweats, atropia; would we relieve paralysis, strychnine; would we cure syphilis, mercurials, etc. Surely the advantages of this method are immense.—*Med. and Surg. Reporter*.

ABORTIVE TREATMENT OF BUBO.

Dr. Waller, of Columbus, Texas, in *New Orleans Medical and Surgical Journal*, confirms the statement of Dr. Taylor, U.S.A., made before the Texas Medical Association last spring as to the efficacy of injecting carbolic acid with a hypodermic syringe into the centre of the bubo. He dissolves ten grains of carbolic acid in two of glycerine and six of water, and injects twenty-five minims of this. One injection is usually sufficient. The severe pain subsides within a few hours.

CURE FOR OBSTINATE VOMITING.

The *Practitioner* says that the spirit of walnut (*spiritus nucis juglandis*), given in drachm doses three times daily, has checked vomiting after other remedies had failed.

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We thank those subscribers who so kindly and so promptly attended to the accounts which were enclosed in the last number of the RECORD. Those who have not done so will oblige by remitting some time during July.

LUNATICS IN THE PROVINCE OF QUEBEC.

What a pity it is that in this nineteenth century, and in the Province of Quebec, party strife runs so high that poor helpless human beings should on the eve of several elections be put into the scales, and amid much contention made to do duty for either side. Let us write more plainly. About the middle of June, a few days previous to two or three political contests one of our Montreal morning papers produced a long article, stating that, with a view of apparent economy, a large number of uncured lunatics and utterly helpless imbeciles from the Longue Pointe Asylum were to be at once, and without preparation, let loose upon society by order of the Quebec Government. The tale as told was quite sufficient to make one's blood stand still, and compel even the boldest to look well to his bolts and bars before retiring. But the next day the medical superintendent of the asylum, Dr. Henry Howard, announced in a letter that this statement was *untrue*; that since last winter he had under authority prepared monthly statements for the Government of those in a fit condition to be discharged, and that the lunatics about to be sent away were only those whom he had recommended for discharge. Still further examination revealed the fact that the Lady Superior and Dr. Howard have not been upon good terms for some time, and that she rather helped to stir the fire for this kettle, if indeed she did not apply the match which started it. We presume there will be an investigation, and that all the papers will be produced. In the meantime there can be no question as to which side an intelligent public should take, in spite of the absurd political tall writing of either side. Dr. Henry Howard is a gentleman who stands well with the entire profes-

sion—he is an able and a devoted student of his specialty, which has occupied his entire attention for the past twenty years, and upon his opinion we ought to rely, no matter what non-professional opinion may say to the contrary. Incidentally we may remark that the system of farming out lunatics, as adopted in this Province, is simply disgraceful. Our sister Provinces are far ahead of us in these matters. We may add that, to our knowledge, till last winter, when authority was given to Dr. Howard to report to Government those fit to be discharged, beyond visiting and prescribing for the patients he had absolutely no authority. Perhaps the present breeze may be productive of good. In the meantime we feel sure the profession will sustain Dr. Howard in the stand he has taken.

SURGEON-MAJORS.

"Why is it that the M.D.'s of the Canadian Militia cannot rise to the rank of Surgeon-Major? There is a manifest injustice in preventing a medical man from attaining the rank which is open to any other man in the service. Promotion is open to all men up to the rank of Lieut-Colonel, except for the doctors. They get as high as Surgeon—which gives them the rank of Major—and there they stick. This is not fair. Medical men should have no special impediments thrown in their way. After a certain number of years service the rank of Surgeon-Major should be granted to all doctors in the Canadian Militia. If this is not done the doctors will think themselves snubbed, and we know that doctors are touchy on questions of that kind. There is some excuse for not allowing Volunteer officers to attain a higher rank than Lieut-Colonel. They are not professional soldiers, and cannot be expected to know as much of wars and rumors of wars as men who live by the profession of arms. They are not supposed to be able to place their squadrons in the field with the same military order and tactical safeguards as the more experienced professional soldiers. With doctors, however, it is different, and a medical man in civil life is just as able to amputate a limb as a doctor of military service. He requires no special training, for he can take his place beside the ablest army surgeon and do his work just as successfully. His qualification being admitted, what is the reason he is denied the rank? We see none, unless we come to the

conclusion that the doctors are not treated as they deserve to be.

We copy the above from the *Montreal Daily Post* of the 21st of June, and we need hardly say that we endorse every word which the article contains. It is now twenty-four years since the Militia Act was passed, which called into existence the Volunteer force, of which Canada is now so proud; so that, throughout the Dominion, there are several Surgeons who have served over twenty years with their respective corps. During that period these officers have seen a variety of active service. Twice they have passed from two to four weeks on the frontier during the time of the Fenian troubles, while during the interval they have frequently been with their corps, when called out in aid of the civil power not only at their headquarters, but several times they have gone with them to considerable distances. Upon such occasions the Medical officers of the Canadian Volunteer Militia have proved that their services were of very great value, and that, in the discharge of their duties, they were as enthusiastic and as unselfish as any officer in the force. Although, fortunately for the country as well perhaps as for themselves, they have not had to face bullets, they have several times had to endure showers of stones and other missiles, so galling to a soldier's patience. If the history of the various periods when the Volunteer Militia has been called out were minutely written, we speak knowingly when we say that the services of the Volunteer Medical officers on these occasions would prove them entitled to some recognition at the hands of the Government. At present a Surgeon, when he receives his appointment, at once takes his rank as Major, but here he remains, no matter how long or how valuable his service may be. This is not just, and we earnestly recommend the Government to remove the obstruction, and to give all Surgeons who have served fifteen years the rank of Surgeon-Major—equal to that of Lieut.-Colonel. The establishment of this position would be an incentive for the Medical officers to remain in the force, and, moreover, promotion to it under the specified time might be made for special and valuable service. We believe the matter has already been brought before the notice of the Militia authorities, and we hope ere long to be able to announce that the proper action has been taken in the matter.

MEDICAL DEPARTMENT, VOLUNTEER MILITIA.

At the review of Volunteers which took place in Montreal on the 24th of May last (Queen's Birthday) there was, we believe, attempted for the first time the organization of an efficient medical department. The force assembled was over four thousand strong, and as all the movements incident to a battle were to be gone through with, it was felt by the Medical officers belonging to the Montreal force that the occasion was one calling for some preparation in the form of organization, instead of leaving, as on previous occasions, the Surgeons of each corps to attend to any case which might require their assistance as best they could. They accordingly went to work, and being assisted by a small grant of money from the Executive Committee for the celebration of the day, they were enabled to arrange the Medical department, if not as complete as they desired, yet sufficiently so as to prove of the most signal service during the engagement. A large hospital marquee was erected on the field, in front of which floated a flag bearing the Geneva Cross. In this tent was collected a small assortment of medical comforts, surgical appliances, mattresses, rubber sheets, and two stretchers, while several surgeons were detailed to take charge of it, assisted by the hospital sergeant of each battalion. Outside was held in readiness a field ambulance. Attached to each regiment or corps were two men detailed as stretcher bearers, who were distinguished by wearing the Geneva cross on the arm, and whose duty was to remove at once to the hospital tent any soldier receiving injury or requiring medical treatment. During the manœuvres these men were of very great use, and their passing across the field several times bearing disabled men gave an appearance of reality to the whole affair which can only be realized by those who witnessed it. During the day some nine men were received and relieved. The most serious case was that of Lieut.-Colonel Montizambert, who, falling from his horse under the effects of the heat, was received at the hospital tent in an insensible condition. The field ambulance was subsequently useful in his removal to his hotel, which in an ordinary carriage would have been a matter of very great difficulty, if not impossibility. When it is considered that all these arrangements entailed no small amount of labor, we

confess to some little surprise at there not being a single reference to them in the general order, which was issued by Gen'l. Smythe after the review. There were many difficulties experienced in carrying out the above arrangements, which proves that so important a department as that of the Medical Department of the Volunteer Militia should have a permanent head. This should be a Medical man of some Military experience and administrative ability, to whom the Medical officers could look for guidance, advice and assistance. He would be able to keep in store what is required to be used when any portion of the force is called out for service. This is a matter of really very great importance, and one to which we would draw the attention of the Government. Every year the necessity for such an officer is most evident. On the 12th of July last, when a large force was assembled in Montreal to perform what was believed to be a very serious and a very dangerous duty, the Medical and Surgical stores issued were in so dilapidated condition that, had the riot ensued which was anticipated, they would have been utterly insufficient. Knowing this, the Medical officers of the Montreal force purchased many things at their own expense. If we had a Medical director this would not be. The wants of the Medical Department are peculiar, and it is utterly impossible for any one but a Medical man to appreciate and provide for them.

MONTREAL, June 9th, 1879.

F. W. CAMPBELL, ESQ., M.D.,

Editor Canada Medical Record.

SIR,—In your last month's edition you say that a child died in consequence of having taken an overdose of "Dr. Coderre's Infant Syrup." This may occur with any medicine. You add: "We do not propose to criticise the action of "Dr. Coderre in introducing his nostrum for "general sale to the public, simply because it is "beneath criticism. The act carries with it its "own condemnation." So you fancy my conduct is not worth the trouble of being criticised, that it condemns itself (referring to the death of the child of Mrs. Bourdeau, keeper of the toll-gate at Lower Lachine). Without any examination of the facts connected with this death, you condemn one of my preparations, asserting that it is a quack remedy, and highly dangerous, and

that such is also the opinion of the "great bulk of the profession in this city." There is nothing astonishing in you and your friends so judging my preparations, which can be obtained without your prescription, and without the chemist being obliged to give you a commission on the sale, as the greater number of your friends exact, or have exacted, for each prescription sent to certain chemists. The same feeling of delicacy which impelled you to require this commission must have actuated you and your friends in your appreciation of my preparations. How can you condemn the "Infants' Syrup" as "highly dangerous" if you are ignorant of its composition? Is not your journal filled with advertisements recommending preparations which do not, perhaps, offer the security mine do? and yet you patronise them! If you wished to judge impartially of the "Infants' Syrup" you should, in the first place, have required from me its composition, and I would have given it to you as I have given it to such of my confrères as signed the certificate attesting that the preparation is composed of substances employed in the treatment of the complaints for which it is recommended, not as curing the sickness, but as being safe to administer with the greatest confidence.

See how far your judgment goes! You say, in alluding to my "Tonic Elixir": "any remedy recommended to cure so many diseases as is "Dr. Coderre's Tonic Elixir" is certainly a quack remedy. My "Tonic Elixir" has never been given as curing the ills to which you allude. Look at the directions and you will find that they merely say: "this Elixir has been successfully administered for over twenty years," &c. I could publish more certificates than would fill the columns of your journal, were it necessary, to attest the efficacy of this preparation. Suffice it to say that my "Tonic Elixir" has for its base *Liq. of Iod. Quin. (iodurée)* which I have prepared myself for over thirty years. This has been given to students in my lectures on *Materia Medica*. The prescription has also been given to the Hotel-Dieu as well as to the Reverend Sisters de la Providence, who published it in their treatise on *Materia Medica* in 1869.

Now, can you consider yourself justified in having qualified this preparation as you have done in your article? Surely not. Your esti-

mate is an unfortunate mistake on your part, and most injurious to me.

I venture to hope that you will hasten to rectify your error, otherwise I will be compelled to justify myself by a recourse to the same means employed against the *Post*. This would be disagreeable to both parties, but I shall not shrink from any sacrifice in order to obtain redress.

I remain, Sir,

Yours, &c.,

(Signed,) J. EMERY CODERRE.

Dr. Coderre is wrong in inferring that our condemnation of his action in introducing his nostrums for general sale had anything to do with the death of the child of Mrs. Bourdeau. We condemned him because, being a regularly qualified physician, and occupying a position of honor and respectability in one of the Medical Institutions of the country, he has seen fit to introduce and advertise for sale among the public three remedies, viz.: "*An Infants' Soothing Syrup*," "*A Tonic Elixir*" and an "*Expectorating Syrup*." This act is one which is totally at variance with the Code of Ethics adopted in England, the United States and Canada. Such conduct in any other city but our own would have at once brought the offender before some competent Medical tribunal. Even here we hesitate not to say that the great majority of the profession condemn in most unmeasured terms Dr. Coderre's action in this matter. If Dr. Coderre prefers to maintain his right to advertise these medicines, no medical man will deny it to him, but at the same time the profession can and will claim the right to say that he has exceeded the bounds which medical etiquette allows him, and that in the interest of the profession he should not continue to hold the medical appointments which he does. We expressed the opinion that his *Soothing Syrup* was dangerous. Will he deny it? Are not all soothing syrups dangerous? Have they not all at some time or other caused death? If so, is this not proof that they are dangerous? Are not all medicines which contain narcotics, dangerous? Do they not always require caution in their administration? Is it not a fact (we believe, it is) that the public will give with greater carelessness a remedy purchased at a drug store, in the form of a patent or proprietary medicine, than one in prescription form the hands of a medical man?

As regard the *Tonic Elixir*, Dr. Coderre is angry because we call it a quack remedy. He says, "My '*Tonic Elixir*' has never been given as curing the

ills to which you allude. Look at the directions, and you will find that they merely say 'This Elixir has been successfully administered for over twenty years.'" Dr. Coderre adds, "I could publish more certificates than would fill the columns of your journal, were it necessary to attest the efficacy of this preparation." We confess that Dr. Coderre's logic, as quoted above, is not to our mind sound. "It has never been given as curing," he says, and yet almost without another dip of ink he adds: "It has been successfully administered;" and again, that he "could publish more certificates," etc., etc. If it has not been "given as curing," what was it given for? If it has not "cured," how has it been "successfully administered?" or what were the certificates he possesses in such large numbers given for? We called the remedy a quack one, because it is a proprietary medicine, sold indiscriminately over the counter to whoever asks for it, the sales in most cases being due to advertisements in the public newspapers, which state that it has been successfully used in a large number of named diseases. This class of remedies are usually called "quack medicines," even although the appellation of "quack" cannot sometimes be applied to their inventor, as is the case in the present instance. Dr. Coderre infers that we and our friends judge harshly of his preparations because they can be bought from the chemists without an order, and consequently without our friends and ourself getting what he calls the usual commission. Dr. Coderre makes here, as he supposes, a strong point against physicians' percentages. We think, however, that it is a poor rule that won't work both ways, and, as Dr. Coderre undoubtedly takes his commission from the indiscriminate sale of his medicine, we fail to see how he can make a point against anyone who may receive a percentage from his regular perscriptions. At the same time we desire to say that we do not do business in the way he indicates. As to our friends—well, we are pleased to say they are so well known that they can be fully trusted, and we have yet to hear of their doing anything to stain their professional standing. In the exercise of our function as a professional journalist we have felt it our duty to write as we have done. It has not been a pleasant task, but the action of Dr. Coderre in advertising these remedies has placed him, in the opinion of many of his professional brethren, in such a position that they believe he should either withdraw his advertisements or resign the various medical appointments which he now fills.—[*Ed. Canada Medical Record.*]

REVIEWS.

Man's Moral Nature. By R. M. BUCKE, M.D., Medical Superintendent of the Asylum for the Insane, London, Ontario. New York, G. P. Putnam's Sons; Toronto, Willing & Williamson; London, England, Trubner & Co. Cloth, \$1.50.

In poetry, literature, history and science, Canada has produced her several authors: in some of whom our young country has an honest and well deserved pride, but never before has any of her sons ventured upon the domain of speculative and practical philosophy. When John Locke wrote his "Essay on the Human Understanding" there was something singularly appropriate in the selection of his subject by the frail Doctor, and it has ever seemed to us that, whenever a scientific consideration of man's moral or intellectual nature is desired, the physician who has so intimately acquainted himself with the physical system should be well qualified to speak with accuracy. The work before us amply sustains this belief, for in it the relation of the emotions to the intellect which has so long baffled non-professional metaphysicians is by this medical author put so clearly that the every-day reader can easily understand it. To our medical readers the work would commend itself were there no other attractions than the original observations on the function of the Great Sympathetic. Dr. Bucke proves, by well grounded and logical argument, that the moral nature of man has its seat in the Great Sympathetic, as certainly as the intellectual has its home in the cerebro-spinal nervous system, and we have no doubt from the clearness of his proof that our leading physiologists will, in their next editions, incorporate his concise views in their text books, and our professors in our schools of medicine will now no longer have to say to their classes that very little or nothing is known of the function of this great nervous system.

The author's style is decidedly laconic, and with the wide range of thought and comprehensive consideration of the conditions of our existence, it is impossible to give a just and intelligent summary of his work; only a transcription of the text *in extenso* would comprise an adequate review. A few points may, however, be hinted at by the reviewer, but the allusion

to them must of necessity be so vague that the reader cannot readily grasp the line of argument. The three natures of man, namely, the active, intellectual, and moral, are duly considered, and their separate and conjoined relationships to the external world and to each other, with the changes which are ever resulting from the principles of evolution, form the groundwork of the book. The characteristics of mankind are traced from the "infant" to the last stage, "second childishness and mere oblivion," and the time and manner of the development of the various emotions are plainly set forth. The author shows that the social relationships of our race are calculated to improve its members—men are gradually growing better—that the good live longer than the bad—the married longer than the single—the fat longer than the lean—and the wise longer than the foolish.

An important section of the book is devoted to the reconciliation of apparently conflicting religious beliefs, and the author's analysis of the phenomena attending religious conversions is the most complete and reasonable we have seen. On page 138 he says:—"Every new religion derives its authority from, and establishes its hold upon man by the fact that it represents a moral advance, that it is a projection into the unknown of a superior and more assured hope; * * * for no people or nation having attained a certain degree of assurance as to the friendliness to mankind of the governing power of the universe will follow the man who tells them that it is less friendly than they thought it." Again on page 146:—"From this time (11th century B.C.) to the era of the foundation of Christianity a more or less steady elevation of the moral nature of the Jews took place, an elevation evidenced by the sublime compositions of the prophets, until the last great step made by this people was taken by Jesus, and men were made to feel, and through their feelings to see, that the old awful Jehovah, that jealous God who visited the sins of the fathers upon the children unto the third and fourth generation, was in reality 'our Father who art in Heaven.'"

The formation and growth of what is called by the world "conscience" is shown while tracing the early moral impressions of the child and their later development. Also the influence and spread of moral contagion, either good or evil,

believed by many to take place, is discovered and explained.

The motto of the last chapter strikes the key-note to the reason of the general progressive advancement of man's moral nature, and the words are Walt. Whitman's, to whom the volume is dedicated :

"I swear the earth shall surely be complete to him or her who shall be complete.

I swear the earth remains jagged and broken only to him or her who remains jagged and broken."

The whole argument culminates in the last few pages, where the reader is led to see that the essential fact of the universe has justified the physical advantages gained by man through his active nature over the physical forces of the world ; that the intellectual nature has been subject to the like progressive development, and that the moral nature has advanced commensurate with the active and intellectual natures ; that love and faith have been encroaching upon and will eventually displace hate and fear, and that, the duty, wisdom and happiness of man may be realized in loving all things.

Hearing and How to Keep it. By CHARLES H. BURNETT, M.D. Philadelphia: Lindsay & Blakiston ; Montreal: Dawson Brothers.

This is the first of the edition of American Health Primers, noticed in our April issue. It is very neatly gotten up, and is as plain and intelligible to the general reader as it is possible to make so difficult a subject.

Ophthalmic Out-patient Practice. By CHARLES HIGGINS, F.R.C.S., Ophthalmic Assistant Surgeon to Grey Hospital. Philadelphia; Lindsay & Blakiston ; Montreal: Dawson Brothers.

This is an admirable little work of about 120 pages, embracing most excellent descriptions of the most common form of eye disease, met with in office practice. The treatment is up to date. It is one of the most complete little works upon eye affections which has ever come before our notice.

Mothers and Daughters. Practical studies for the conservation of the health of girls. By

TULLIO SUZZARA VERDI, A.M., M.D., author of "Maternity"; "A Treatise for Young Wives and Mothers", and President of the Board of Health, Washington. New York, J. B. Ford & Co., 27 Park Place. Price, \$1.50.

This is one of those books which, while it is intended more for the guidance and education of the public, can yet be glanced at with profit by the physician. We are not of those who would withhold from the world a knowledge of the composition of the human body, and of the wondrous functions which it has to perform. We are of opinion that if the functions of the body were better understood, the machine itself would not so often be out of order. This book is intended to supply this information, more especially the functions pertaining to the female sex, and it does so in language so chaste and so delicate that it makes it a delightful volume to read. As a profession we are often asked for such a volume, and although similar ones are in existence, with a full knowledge of them all we candidly confess we would recommend this one.

PERSONAL.

Dr. Rottot has resigned his chair in the Montreal School of Medicine and Surgery affiliated with Victoria College.

Dr. D'Orsonnens, of Montreal, has gone to Europe.

Dr. R. Maurice Bucke (M.D., McGill College, 1862) has just published his work on "Man's Moral Nature."

Dr. William Sutherland (M.D., McGill College, 1879) has commenced practice in Montreal.

Dr. Brousseau has resigned his professorship of surgery in the L'Ecole de Médecine et Chirurgie de Montréal (Victoria Medical Faculty).

Dr. Imrie (M.D., McGill College, 1871) has been appointed Assistant House Surgeon of the Montreal General Hospital.

Drs. Cameron and Shepherd have been added to the staff of out-door Physicians of the Montreal General Hospital.

Dr. H. R. Storer, the well-known gynecologist, who formerly resided in Boston, but who now lives at Newport, Rhode Island, was on the 8th of June baptized by Father Clinton into the Roman Catholic Church.

Dr. Reed (M.D., McGill College, 1864) has been appointed Apothecary to the Montreal General Hospital. This office has been made a permanent one. It is not now, however, a step towards the House Surgeoncy, the person who fills it holding it during the pleasure of the Hospital authorities. It has a fair salary attached.

Dr. Drake has resigned the position of Surgeon of the 5th Royal Fusiliers, Montreal, and Dr. W. B. Burland, the Assistant Surgeon, has got the promotion. Dr. Burland deserves this step, as previous to entering the profession he had been an officer of the Volunteer force for several years. He served as such in the 1st Battalion (Prince of Wales Rifles) during the Fenian raid of 1866.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, May 16th, 1879.

A regular meeting of the above Society was held this evening. The President, Dr. Henry Howard, occupied the chair.

There were present: Drs. Henry Howard, Proudfoot, Kennedy, MacDonald, Kerry, F. W. Campbell, Reddy, Ross, McDonnell, Osler, Trenholme, Guerin, Armstrong, Smith, Stevenson, Roddick, Blackader, Bell, Hingston, Rodger, Buller, and Edwards.

Dr. OSLER exhibited the following pathological specimens: amyloid degeneration of the kidney along with syphilitic disease of the rectum, taken from a patient under the care of Dr. Reddy in the Montreal General Hospital. The chief symptoms during life were albuminuria and profound anemia with slight œdema of the ankles. On post mortem examination the kidneys were found enlarged and in a condition of advanced amyloid degeneration. The liver was in a similar condition, but neither the liver nor spleen were enlarged. No deposits of pus seen in any of these organs. The uterus, vagina and bladder were healthy. The rectum, however, had the characteristic appearances of syphilis, there was great thickening of the lower third, it was stenosed, and the mucous membrane for three inches from the anus was gone and replaced by firm fibroid tissue. Extending from the posterior wall were several sinuses passing into pockets of pus. The only other evidence of syphilis was a suspicious

ulceration of the throat. The majority of these cases occur in women.

Dr. A. LAPHORN SMITH then read a paper on "chorea," giving a detailed account of several cases, and expressing his belief that this disease is due to a defective nutrition of the motor ganglia of the brain. (This paper was published in our last issue.

Dr. F. W. CAMPBELL mentioned that three years ago he had a case in a child so severe in its character that it was necessary to keep the child for a whole week under the influence of chloral. The treatment was iron before meals and arsenic after.

Dr. RODDICK said that he had attended a lady in February for pneumonia, and on visiting her to-day decided choreaic movements on the left side were noticed. He ordered in this case twenty minim doses of dialysed iron three times a day.

Dr. HENRY HOWARD looked on chorea as a functional and not an organic disease. When hemiplegia was present he should not consider it a case of chorea. He stated that it was common to find before regular hemiplegia spasms of the side about to be affected. His treatment for chorea was arsenic and nux vomica, and all his cases had yielded to this treatment. He remarked that much discrimination was necessary in these cases as many patients for some motive were in the habit of simulating chorea.

A vote of thanks to Dr. Smith was moved by Dr. RODDICK, seconded by Dr. HINGSTON, and carried.

Dr. HINGSTON exhibited to the Society a penholder which he had extracted from the urethra of a young man, it having unintentionally got lodged there. Dr. Hingston used Luër's urethral forceps, and stated they were so constructed as to remarkably facilitate such an operation.

Dr. F. W. CAMPBELL saw a case some years ago in the General Hospital, under the care of Dr. Jones, in which a pencil was passed into the urethra and bladder. An operation similar to Lithotomy was performed in order to remove it. He also related the facts of a second case, where through envy an individual was forcibly held while two shawl pins were inserted and pushed down his urethra. Finding it impossible to withdraw them as the points became in every effort caught in the urethral

walls, the points were pressed forward and cut down on and extracted through the wound. He was assisted by Dr. Drake in this case.

An additional case of interest was mentioned by Dr. F. W. Campbell, being that of a woman suffering from what was considered in the opinion of Drs. Campbell, Kennedy and Roddick, cancer of the bladder. When first seen she complained of great irritability of the bladder and was put on alkalies and buchu, and at first improved. She afterwards caught cold and the disease returned; the same treatment was used, but no benefit derived. The bladder was next washed out with various solutions. On one occasion Dr. Campbell used a solution of nitrate of silver, ten grains to the oz.; this was followed by the passage of a pint of pure blood, and dragging sensations were complained of. By digital examination a tumor was felt in the bladder. Dr. Roddick expressed his conviction that this was a genuine case of cancer of the bladder. He went prepared to dilate the urethra, but found it so capacious that dilatation was unnecessary. He favored the use of Molesworth's dilator which he considered far superior to Barnes's.

Dr. HINGSTON mentioned a case of atresia of the vagina in which he had dilated and subsequently directed a medical man to continue the dilatation. At his next visit (the patient residing some distance away from the city) he found that the urethra had been dilated instead of the partially closed vagina.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,
Secretary.

MONTREAL, May 30th, 1879.

A regular meeting of the above Society was held this evening. The President, Dr. Henry Howard, in the chair.

There were present: Drs. Henry Howard, Fenwick, Schmidt, Rodger, Trenholme, Ross, Smith, Kennedy, F. W. Campbell, Bell, Ritchie, Richard MacDonnell, Baynes, Leprohon, Guerin, Osler, Roddick, Buller, Hingston, Armstrong and Edwards.

The minutes of last regular meeting were read and approved.

The following gentlemen were proposed as members:

Dr. Spencer, by Dr. Osler, seconded by Dr. Campbell; Dr. Jenkins, by Dr. Campbell, seconded by Dr. Kennedy; Dr. Imrie, by Dr. Bell, seconded by Dr. Ross; Dr. Sutherland, by Dr. Ross, seconded by Dr. Fenwick.

Dr. OSLER exhibited two pathological specimens. The first a monstrosity. It was a founding brought into the Grey Nunnery and lived three days after admission. It is devoid of cerebellum and cerebrum. Projecting from the top of the head are some peculiar convolutions. The frontal and parietal bones are wanting, the occipital is flattened. The head is buried in the shoulders, and there is a peculiar idiotic appearance.

Dr. Fenwick asked if the child fed and swallowed.

Dr. Schmidt replied that it swallowed very well, and was fed from a spoon.

Dr. Smith asked if the child could move its limbs freely.

Dr. Schmidt replied that it did not move its left arm.

Dr. Osler further added that an interesting fact in these cases is that the cranial nerves develop and are perfect.

Dr. Fenwick asked if the nerves were in connection with the medulla.

Dr. Osler had not examined that.

Dr. Smith asked if there was any trace of an optic thalamus.

Dr. Osler answered there appears to be none.

The second specimen was one of post partum endometritis. Death had occurred on the ninth day, preceded by symptoms of septic poisoning. There is a coating like a diphtheritic membrane over about one-third of the uterus. The uterine veins are not filled with thrombi. The right ovarian vein is large, firm, hard, and filled with a thrombus. This is traced up to the inferior vena cava, and where it enters the cava it is of a natural size, and through this opening the thrombus extended and was attached to the wall of the cava. There is diphtheritic endometritis. According to some writers, there is a difference between this and true diphtheria. Herschfeld says that if this be inoculated on the throat of a rabbit it will not induce diphtheria.

Dr. Ross remarked that it would be interesting to know if diphtheria had been communicated by septic matter to the part.

Dr. RODGER then read a paper on a case of "Softening of the Brain." Some discussion followed.

A vote of thanks was moved by Dr. KENNEDY, seconded by Dr. ROSS, and carried.

Under the head of "Cases in Practice" Dr. HINGSTON mentioned that, on Sunday last, a child was brought to him, suffering very great pain in the rectum. On passing his finger into the rectum he found a needle, which he removed. The child had swallowed it.

Dr. ROSS asked what was the experience of members of this Society, in regard to ague occurring within the city of Montreal. He said he knew of it occurring in the neighborhood of the city, but he had never seen a case originating in the city. He had lately under treatment a case from Hochelaga, and had seen two cases in the General Hospital, the disease having attacked these men while working in the Lachine canal.

Dr. FENWICK said he had seen several cases originating in the city, especially on Ontario street. Dr. ARMSTRONG had also seen a case. Dr. RODGER had seen two cases at the Point.

Dr. F. W. CAMPBELL stated that some four years ago he had reported to the Society two cases of ague originating in Montreal.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,
Secretary.

We beg to draw attention to a Practice for sale in Montreal, to be found in advertising columns. An excellent opportunity is here offered. Several transferable appointments.

DEDICATION OF THE McDOWELL MONUMENT.

On the 14th of May a monument, erected by the profession of Kentucky to the memory of Dr. Ephraim McDowell, the father of ovariectomy, was dedicated at Danville, Kentucky. Exercises of the most impressive character were held in the presence of an immense concourse of people assembled from all sections of the country. The oration, delivered by Dr. Gross, consumed an hour and a quarter, and was listened to with profound attention. After Dr. Gross had finished his address, Dr. L. A. Sayre, of New York, was called on, as the newly elected President of the American Medical Association. Dr. Sayre delivered a handsome and appropriate address.

Dr. McDowell, whose fame is so honorably commemorated by the profession of Kentucky, was born in Virginia, in 1771. The first actual case of ovariectomy of which there is any authentic account was performed by Dr. McDowell in 1809, and to him alone is due the credit of having devised and first successfully executed the operation.

Reared and educated in a back-woods village, remote from the centres of learning and civilization, too much can scarcely be said of the heroism and genius of the man who dared to perform an operation never before attempted in the history of the world.

It has been estimated that in the practice of Mr. T. Spencer Wells, over 19,000 years have been added to the lives of the patients upon whom ovariectomy was performed by this eminent surgeon. In a recent letter to Prof. Gross, Mr. Wells says:—"I began the year 1878 with the 888th case, by adopting the antiseptic system of Lister, and have kept it up ever since, the result of forty-five cases being forty recoveries and five deaths.

Too much honor cannot be paid to the memory of the man who has paved the way to such grand results.

PRECAUTIONS IN ANÆSTHESIA.

Dr. Chisholm, of Baltimore, has administered chloroform in more than ten thousand cases, without a single serious accident. He always gives a full dose of whisky before the anæsthetic. Another point he insists on is that, in suspending the patient by the feet, we have the very best means of exciting and sustaining the vital organs by sending blood, the natural stimulus, to the important nerve centres; and that what would be otherwise very alarming symptoms during anæsthesia, well calculated to frighten terribly the inexperienced, soon disappear when the patient is placed in an inverted position. His hospital assistants are so familiar with these death-like appearances, and their simple means of correction, that, instead of rushing about wildly for fans, hypodermics, batteries, and what not, they quietly elevate the feet, hanging the head downward, with the chin pushed back, and confidently await restoration; invariably, one or two minutes produces the desired effect, and the operation can be proceeded with.

BIRTHS.

In Brantford, Ont., on the 12th of June, the wife of James F. T. Jenkins, C.M., M.D., of a son.

MARRIED.

At Wyoming, Ont., on the 28th May, Dr. N. H. Beemer, of the London Asylum for the Insane, to Mary A. W., eldest daughter of Mr. Alexander Laing.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

THE PHARMACEUTICAL ASSOCIATION.

A Word to the Licentiates—the Late Mr. Hawkes—New Members of the Council.

The annual meeting of the Pharmaceutical Association of the Province of Quebec was held in the lecture rooms, No. 628 Laganchetière street, Tuesday evening, at 8 o'clock, Mr. Manson, 1st Vice-President, in the chair. The chairman announced at the opening of the meeting that he had received a letter from Mr. Edmond Giroux, of Quebec, the President, expressing his regret that business of great importance prevented his being present.

The minutes of the last annual meeting having been read and confirmed, the Secretary read the annual report of the Council and Treasurer's statement. Mr. Mercer, in moving the adoption of the report, spoke of the singular want of interest in the working of the Association taken by the Licentiates in Pharmacy; however, in Montreal it was not confined to pharmacists, for in the working of most colleges and societies the responsibility and labor was generally thrown upon a few. This was not what it should be, and pharmacists should meet together at their annual meeting and examine and criticise the acts of their council; at all events it would not be much inconvenience to them to attend one general annual meeting, if it were for no other purpose than to thank the members of council for their onerous and gratuitous services during the year. The usual motions having been passed, a vote of condolence with the family of the late Mr. Hawkes was proposed by Mr. Kerry and seconded by Mr. Dyer.

Mr. Manson, 1st Vice-President, delivered an interesting address, congratulating the Association on its flourishing financial condition, and giving a *resumé* of the work of the Examining Board; how it had gradually raised the standard of the examinations to its present satisfactory position. The Association might well feel proud of its licentiates, and he was quite confident that they would compare favorably with those of any pharmaceutical body in America. He announced that the next examination would be held in Laval University, Quebec, on the 19th and 20th inst., and concluded by proposing a vote of thanks to the rector of Laval for his courtesy in annually permitting the use of the magnificent halls of that institution by the Board of Examiners.

The election of eight new members of council to replace the eight retiring members then took place, with the following result: Henry R. Gray, J. D. L. Ambrose, Nathan Mercer, Alex. Manson, H. F. Jackson, Edmond Giroux, Roderick McLeod and E. Muir—which with the following who remain in office form the council for the coming year: John Kerry, W. E. Brunet, T. J. Tuck and Henry Lyman. Mr. David Watson and Mr. C. M. DesIslets were elected auditors.

The newly-elected board met on the 15th June, when the following officers and Board of Examiners were elected for the ensuing year: Alex. Manson, President; H. F. Jackson, 1st Vice-President; Roderick McLeod (Quebec) 2nd Vice-President; John Kerry, Treasurer; E. Muir, Registrar and Secretary.

Board of Examiners, J. B. Martel, Roderick McLeod, Quebec, Alex. Manson, H. F. Jackson, J. D. L. Ambrose, H. R. Gray, N. Mercer.

PHARMACEUTICAL ASSOCIATION OF THE PROVINCE OF QUEBEC.

The Board of Examiners of this Association sat at Quebec on the 19th and 20th of June, 1879, in Laval University which, by the courtesy of the respected Rector, had been placed at the disposal of the Board, the members of the Board present being Messrs. N. Mercer, H. R. Gray, J. D. L. Ambrose, A. Manson, J. B. Martel and R. McLeod. The examinations were written and oral, with practical dispensing at the counter. The candidates were put through a very rigid examination, and the majority of those passing did so very creditably. We give below the names of the successful candidates in their order of merit, namely:

W. J. B. Brunet as Licentiate in Pharmacy, Henry Vernier, L. R. Renaud, A. P. Papin, J. C. Benett, jun., and J. C. Dorion, as certified clerks; and George Triggett, Léon Gingras and Joseph E. Giroux, as certified apprentices. These gentlemen having successfully passed their several examinations, the Registrar was authorized to place their names on the register of the Association.

The Board, after concluding their labours, conveyed to the Rev. Mr. Hamel, Rector of Laval, their thanks for the use of the rooms.

GURJUN BALSAM IN GONORRHOEA.—*Journal de Médecine*, December, 1877.—M. Vidal is the first in France who has studied the applications of this new remedy, whose remarkable properties will certainly bring it into use speedily. It is obtained from several resinous trees in the Indian Archipelago, is very abundant, and the price is moderate.

Gurjun balsam has been successfully employed for leprosy by several English physicians in India, and Vidal has also had good results from its use in the Hôpital Saint Louis. But it is especially in gonorrhœa that it renders the greatest service. M. Deval, a student of Vidal, gives ten cases as proof of its value, and his testimony is corroborated by Maurice and others. The duration of treatment varied from ten to twenty days, the duration being shorter in proportion as the patient had passed the inflammatory stage. Vidal's formula is:

Gurjun balsam (wood oil),
Acacia, aa 4 grammes.
Infusion of anise seed, 40 "

To be taken before meals. It was not necessary to

increase the dose, which is perfectly well tolerated, the only effect being to cause one or two stools, two hours after the meal. When the dose was increased no more than eight grammes were given. Sometimes at first a little nausea was produced, but this speedily disappeared. Vidal gives a little wine after the potion, which makes it better tolerated. No change in diet is necessary. Besides the potion, a liniment of equal parts of the balsam and limewater, applied by means of tampons, was used in women with vaginitis; the tampons were left in the vagina twenty-four hours. A cure was always rapid in women. Its advantages over copaiba are its more rapid and certain action; it does not produce erythema, and it does not give to the breath the tell-tale odor of copaiba. Its local action in vaginitis and balanitis is also excellent.

LEAD POISONING.—An interesting case of lead poisoning through criminal negligence is reported from Mosback. The patient began to suffer some years before 1876, and consulted several physicians in vain until Dr. Witmer made a correct diagnosis, and after a treatment of over three-quarters of a year entirely cured him. The poisoning was caused by imperfectly-tinned lead snuff boxes, in which a particular brand of snuff was packed, which the patient was in the habit of buying from one and the same manufacturer, and which became contaminated with lead. A suit against the tobacco dealer was filed, who was convicted and sentenced to incarceration for eight days and payment of costs.—*American Journ. Pharmacy.*

THE ACTION OF TOAD POISON ON THE HUMAN BODY.—A child of six years old followed a large toad on a hot summer's day, throwing stones at it. Suddenly he felt that the animal had spurted some moisture into his eye. There suddenly set in a slight pain and spasmodic twitching of the slightly-injected eye, but two hours after coma, jumping sight, desire to bite, a dread of food and drink, constipation, abundant urine, great agitation manifested themselves, followed on the sixth day by sickness, apathy, and a kind of stupor, but with a regular pulse. Some days later, having become comparatively quiet, the boy left his bed; his eyes are injected, the skin dry, the pulse free from fever. He howls and behaves himself like a madman, sinks into imbecility and speechlessness, from which condition he never rallies.—*Chemist and Druggist.*

OINTMENT IN GONORRHEAL ORCHITIS.—Dr. Alvarez recommends the following pomade: Finely powdered iodoform, one to two parts; lard, thirty parts. In the course of an hour or two, he says, the pain is relieved. It has also the advantage over the mercurial ointment of not affecting the gums. By its well-known resolvent action the iodoform diminishes the duration of the orchitis, and prevents subsequent induration of the affected organ. It must be used more or less strong, according to the degree of inflammation of the epididymis existing.—*Union Med.*

QUACK MEDICINES.—At a recent convention of pharmacists in England was urged the importance of fixing some legal limits to the wholesale poisoning of the public by patent medicines. It was proposed that even if it be impossible altogether to suppress the reaction of dishonest quackery upon vulgar superstition, the vendors of nostrums be compelled to divulge the composition of their wares, and prevented from publishing mischievous and mendacious advertisements concerning them. Among the examples cited, including sundry "hair restorers," which, in direct contradiction to their advertised pretensions, contain poisonous quantities of lead, the most glaring one is a largely certificated "Sure Cure for the Opium Habit," which is found on analysis to give two grains of morphine to the dose, recommended to be taken thrice a day. It is scarcely to be expected that American apothecaries, most of whom derive the larger part of their income from the sale of these secret nostrums, will join in the crusade preached by their British cousins; but it would be well if the American public were taught that ninety-nine hundredths of the proprietary medicines which flood the market are the products of uneducated impostors, either wholly inert or positively deleterious.

HOW TO BLEACH SPONGES.—The following minute directions are given for bleaching sponges to any shade from a delicate straw color to a snowy white. It is said that the texture of the sponge is not impaired by its use, unless it is allowed to remain in the solution too long a time:—

Having made the sponges free from sand and calcareous matter by gently beating them, wash them in water, squeeze as dry as possible, and then place a few at a time in a solution of *permanganate of potassa*, made by dissolving 180 grains of the salt in five pints of water, and pouring a portion of the solution into a suitable glazed vessel. Let them remain a few moments until they have acquired a dark mahogany-brown color, when they are to be squeezed by hand to free them from the solution. They are then dropped, a few at a time, into a bleaching solution made as follows:

Hyposulphite of soda, 10 ounces; water, 68 ounces. When dissolved add muriatic acid, 5 ounces.

This solution should be made a day or more before being wanted for use, in order that the sulphur, which is precipitated by the addition of the acid, may be easily separated. This solution is poured off from the sulphur, and, if necessary, strained through a piece of muslin into a glazed vessel. [This portion of the process should be done in the open air or under a hood, where the offensive vapors of sulphurous acid are removed.] The sponges are allowed to remain in this solution for a few moments, occasionally squeezing them with the hand in order to allow the fluid to thoroughly permeate them, then squeezed out and washed in several waters to rid them of the sulphurous odors. After several washings they may, *if necessary*, be completely deodorized by a *very weak* solution of bicar-

bonate of soda (say 100 grains in five pints of water), and then washed through two or three more waters to free it from traces of alkali. [Much caution should be used in using this alkaline solution lest it neutralize the bleaching effect of the previous solutions.] When the sponges are nearly dry immerse them in a solution of glycerine in water, of the strength of a half ounce of glycerine in the pint; squeeze them by hand and let them dry in the air, but not exposed to direct sunlight. This will leave them beautifully white and soft to the touch.—*Druggists' Circular*.

PHYSIOLOGICAL EFFECTS OF SALICYLATE OF SODA.—Under this heading Dr. Feltz (*La France Méd.*) describes a case of poisoning by this drug, taken without any medical man's orders. The case shows emphatically the culminative action of the salicylate, of which two hundred grammes were taken during a month, for the first six days four grammes daily, the next seven days, six grammes a day, and for the last seventeen days, eight grammes daily in three doses, equal to about twenty-five grains of salicylic acid three times a day. There were frequent vomiting, complete anorexia, and a coated tongue. The chief symptom was constant severe headache, with violent attacks of severity, making the patient scream out so as to be heard at a distance. It appeared, as the patient said, as if his head were being struck with a hammer. The pain was chiefly on the summit of the head. Each crisis was preceded by a redness of the neck mounting rapidly to the head. The pupils were contracted. The symptoms continued with great severity for ten days after the drug was stopped, and continued with less severity for seven days more. Traces of salicylic acid were found in the urine up to the sixteenth day.—*The Doctor*.

HYOSCYAMINE IN THE TREATMENT OF THE INSANE.—Dr. Robert Lawson (*West Riding Lunatic Asylum Medical Reports*) gives the following estimate of hyoscyamine: It possesses great value in the treatment of cases in which aggressive and destructive excitement is the leading symptom of insanity, in cases of chronic mania with special delusions of suspicion, mania of a subacute or recurrent form and simple mania characterized from the first more by agitation than excitement, and due to the existence of obscure delusions and hallucinations. In the treatment of the excitement of general paralysis, in the epileptiform seizures of the same disease and in the epileptic status, it is also of use where chloral, as rarely happens, is found to fail. But, perhaps, the most striking results, from the use of the drug, occur in the treatment of such patients as willfully or impulsively destroy large quantities of clothes and bedding. In willful destructiveness three-quarters of a grain at a single dose reduces the patient to reason, and, for a time at least, puts an end to his expensive habits.

BENZOIC ACID.—Rump has stated that all the German "sublimed" benzoic acid is made by subliming the artificial acid made from urine with a

little benzoïn. This is denied by Gehe & Co. in their last report. The Australian gum-acroides is now used to a considerable extent for making this acid.

BROWN-SEQUARD'S PRESCRIPTION FOR THE TREATMENT OF EPILEPSY:

R Sodii Bromidi,
Potassii Bromidi,
Ammonii Bromidi.....aa 3 iii
Potassii Iodidi,
Ammonii Iodidi.....aa 3 iss
Ammoniae Sesquicarb.....3 i
Tinct. Columbæ.....3 iss
Aquæ destilatæ.....ad 5 viii

Full dose, one and one-half drachms before each meal and three drachms at bed time.—(*Boston Medical Journal*).

ZINC PERMANGANATE.—A. Kupffer states that the commercial solution of zinc permanganate contains only 10, instead of 25, per cent. as stated. It is also contaminated with chlorids. It should be made by Gustavsen's method—viz., by decomposing barium manganate with carbonic or dilute sulphuric acid, and adding to the solution of barium permanganate thus produced an equivalent quantity of zinc sulphate. The strength of the solution should not exceed 48 grains to the ounce.

PARACOTOIN.—Professor Baelz, of Tokio, Japan, has had striking success in the cure of malignant cholera by means of paracotoïn. He administered, by hypodermic injection, 2 gramme suspended in equal parts of glycerine and water. In the only five cases in which he employed it the cure was prompt and thorough. The Japanese Government has taken measures to provide a supply of the drug for use in any fresh outbreak.

VANILLIN SAID TO BE USELESS AS A FLAVOURING AGENT.—The discovery of a process for producing vanillin artificially was of great chemical interest, but it appears from a circular issued by Messrs. Haas & Rosenfeld, of Gay, Moravia, that the product, though valuable for perfumery, does not possess the flavouring properties of vanilla. The same is true of vanillin obtained from the plant itself.

THE ALLEGED ANTAGONISTIC ACTION OF ATROPIN AND MORPHIN.—Dr. Knapstem, of Bonn, in an article in the *Berlin Klin. Wochenschrift*, No. 47 (quoted in Hager's *Pharmaceutical Centralhalle*), reports a series of experiments undertaken to test the power alleged to be possessed by morphin and atropin to mutually neutralise the effects the one of the other. These experiments show that a simultaneous administration of morphin with atropin or *vice versâ* did not allow larger doses of either poison to be administered to dogs than they could support if given singly. It is possible that in cases where such immunity would seem to have been observed comparatively inert atropin may have been employed.

ADULTERATION OF KAMALA.—Kremel mentions in the *Zeitschrift der Ost. Apoth. Vereine*, 16:33, two cases of the adulteration of kamala. One sample contained so much red bole that its ash amounted to 79.5 per cent. Another specimen was mixed with the powdered flowers of *carthamus tinctorius* or safflower.

IRIDESCENT GLASS.—Glass is made iridescent by exposing it at a high temperature to the fumes of stannic chloride, to which barium or strontium nitrate is added, when deep colours are required.

EXCIPIENT.—A formula for what can be called a universal excipient. My experience for many years with this preparation has convinced me that it is superior to any and all other articles whatsoever for this purpose, whether simple or compound, and that nothing else is needed. It keeps of a firm but soft consistence, is exceedingly adhesive, and converts the most intractable substance for pill purposes, such as sulph. iron, resin guaiac, iod. potass., etc., into elegant, pliant masses, and with a very small quantity of the excipient; of course the pills so made will be always soft, and readily dissolve, or disintegrate, according to their composition. I will state, for the benefit of readers of limited experience, that it is important, when making pills, that the dry ingredients should be in a *very fine* powder. The following is the formula:

Dextrine.....	30 grains.
Powd. tragacanth.....	30 grains.
Glycerine.....	1 drachm.
Water.....	2 drachms.

—*Phila. Chemist.*

CASE OF CHRONIC BROMINE POISONING.—A. M., a man of large frame, fifty-four years of age, and of good constitution, had worked in the manufacture of bromide of potassium for ten years; the bromine gas, he avers, was at times so strong as to cause him to spit blood. The first symptoms that he noticed occurred more than a year ago, and were alternate diarrhoea and constipation; then followed vertigo and photopsia, together with some loss of co-ordination and anæsthesia of the lower extremities, but these symptoms were not severe enough to prevent his working, which he continued till August. The derangement of vision increased, but in December he could still read; about this time the photopsia gave way to amaurosis, which progressed, within a year from the first symptoms, to almost total blindness. There was great constipation, with enlargement and hardness of abdomen; dysuria and retention of urine, with vesical pain, were also prominent symptoms. The heart was irritable. The olfactory and gustatory functions were unimpaired, and there was no loss of memory.

While under Dr. Cohen's care, in the German Hospital, there was some improvement in the co-ordination.

Dr. Charles S. Turnbull, at whose instance the case was admitted, had diagnosed the following conditions; incipient atrophy of both optic nerves; the vision had diminished one half, the disks were white,

the arteries small and thready, and the retina anæmic, while there was loss of color perception and mydriasis. He also examined the urine, in which he discovered some traces of bromine.

Prof. DaCosta, who saw the case at the clinic, and to whom I gave notes, considered that there was also sclerosis of the anterior columns of the cord.

There are but few reported cases of chronic bromine gas poisoning, which renders the above of some interest.

DRUG AND CHEMICAL REPORT.

During early part of month a very fair amount of business was transacted, and the general feeling is that trade will continue active and healthy throughout the season, although in volume it will be less than before the depression. There have not been many changes in prices to note since our last report, and we do not look for any very marked change in any direction except, perhaps, in *Opium* and its preparations, and *Peruvian Bark* and its preparations. Recent reports from Smyrna respecting the former convey the information that the crop this year will not exceed 4,000 baskets, this being considerably under the average. The fears of a short supply have already brought speculators to the front, and prices have advanced in England about 1s. per lb., and in New York about 25 cents, with prospects of a still further advance in the near future.

The stock of *Peruvian Bark* in the market is likely to be affected by the present hostilities between Peru and Chili, and although quinine recently declined in price, any large orders would immediately cause an advance.

Salicine, which advanced steadily for the past two months, has now, that fresh Willow Bark can be obtained, begun to decline again, and will soon be in its normal condition.

Camphor in the American market experienced a firm advance last month, merely on account of the refiners not being able to meet the demand, but the demand having subsided somewhat, and the supply of crude being plentiful, the price has declined again.

Oil Peppermint, on account of short crop, has advanced rapidly to the extent of fully 25 per cent., and will likely be still higher.

Oil Wintergreen has also advanced, but merely on account of temporary shortness of stock. As soon as the new crop is ripe, there will be a plentiful supply.

Vanilla Beans are much higher, the crop this year not being up to half the usual quantity. The price will therefore be at least from \$3.00 to \$5.00 per lb. higher.

Cubels, in consequence of the extra demand for asthmatic smoking, has continued to rule high.

Castor Oil has declined somewhat, the crop in the East being much heavier than the previous year, and it is thought the price will be still lower than it is at present.

The Canada Medical Record.

MONTREAL, JULY, 1879.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Cases occurring in Practice. By Carr Holstok Roberts, L. R. C. P. L., M.R.C.S.E., L.S.A., late Medical Officer of Health, Alderbury Union, England253

PROGRESS OF MEDICAL SCIENCE.

A Case in which a Biliary Calculus was removed by operation from the Gall-Bladder and a cure resulted, 254—When the Hypodermic Syringe may be used, 255—Aconite in the Treatment of Acute Inflammation, 256—The Treatment of Hemorrhage in Abortion, 257—Enemata of Chloral in Sick Headache, 257—Cough Mixture, 257—Night Sweats, 257—On the Diagnosis of Tumors of the Groin, 258—The Therapeutic Value of Croton-Chloral, 258—Damiana as a Nerve Tonic, 259—To Hasten the Action of Quinine, 259—Lumbago,

260—Treatment of Epilepsy, 260—Treatment of Obstinate Vomiting by Small Doses of Iodide of Potassium, 261—The Treatment of Indolent Ulcers by means of Sheet Lead, 261—On Night Cough, 262—Late Suggestions on Ozæna, 162—Cough Mixture, 262—Cholera Infantum, 262—Hydrate of Chloral and Bromide of Potash Enemata in the Vomiting of Pregnancy, 263—A New Antiseptic, 263—Turpentine as an External Application in Small-Pox, 263—Antitoxache, 263—Origin of Diphtheria, 264—Massage of the Tonsils, 264—Jaborandi in Night Sweats, 264—Treatment of Puerperal and other Hyperpyrexia by Cold, 265—A Physiological Hint to Photographers, 265—Naso-Pharyngeal Disease—Iodoformed Wool, 265—New Experiments in Anæsthetics, 266—Hypodermic Injections of Tincture of Ergot for Retention of Urine, 266—Injection of

Warm Water into the Vagina in certain Classes of Labor, 276—Citrate of Caffeine as a Diuretic in Cardiac Dropsy, 266—Treatment of Gastric Ulcer, 267—On a Neglected Proximate Cause of Dyspepsia, 267—Chorea and its Treatment, 267—Treatment of Colic, 268—The Action and Uses of Belladonna263

EDITORIAL.

The Longue Pointe Lunatic Asylum, 269—University of Laval at Montreal, 270—The Canada Medical Association, 270—Differential Registration Fees, 270—Honors to a Surgeon, 270—The Abortive Treatment of Bubo, 272—The Effects of the Use of Quinine on Hearing, 271—Cases in Practice, 271—The Voice, 271—Johnston's Fluid Beef, 271—Personal, 271—Reviews, 271—Medico-Chirurgical Society274

PHARMACEUTICAL DEPART277

Original Communications.

Cases occurring in Practice. By CARR HOLSTOK ROBERTS, L.R.C.P.L., M.R.C.S.E., L.S.A., late Medical Officer of Health, Alderbury Union, England.

On the 13th June last, I was called in a great hurry to see Mrs. B., a lady living close by. I found her in bed, having been confined a fortnight before of a fine healthy baby, for a week previous to which she had been obliged to keep her bed from excessive pain in her back (attributed, no doubt erroneously, to the impending labor) and constant diarrhœa of a pale yellow color. For some days past she has "felt something in the back passage," and at last succeeded "in hooking out with her fingers" from the anus a large stone measuring five inches in circumference, four inches in diameter and weighing five drachms. The urine is normal. She is not and never has been jaundiced, has suffered occasionally from what she considered her liver, pains in her back and shoulders, but with that exception and shortness of breath, due probably to a fatty heart, has enjoyed good health. She quite embodies Byron's remark, "fat, fair and forty." Her brothers (four) all died at an early age from phthisis, and all were above six feet. She is now at the time of writing (9th July, 1879) apparently quite well, and is about her household duties. The stone is now in the possession of my friend, Dr. Ord of St. Thomas' Hospital, for examination, &c., &c., but it presents all the usual characteristics of an ordinary gall stone. I have on several occasions seen gall stones of a large size which have been discovered on a post-mortem examination,

but never any approaching to the size of such a "star of the first magnitude;" the marvel is that it should have been spontaneously passed with so little constitutional disturbance, and I think my patient is to be congratulated on having successfully effected and survived the birth of such twins.

In September, 1877, when residing in Shrewsbury, I was requested to visit W. F., a man residing in a village about three miles away, and who had been engaged on the railway for some years as a carriage cleaner. I found him in bed, a man thirty-five years of age, short in stature and lymphatic in complexion; had always enjoyed good health until some months previously, when he found, without any ostensible cause, "his legs begin to fail him," and they are now utterly useless. There is complete loss of motion but not of sensibility, he is unable to lift or draw them up from the bed. He had never met with any accident, although he might occasionally have "bumped his back" in getting up from under the carriages. Had been wet through several times, and allowed his clothes to dry on him, but had never experienced any inconvenience or ill result from that. Has been in one or two infirmaries without deriving any benefit whatever, and from one he was sent home with the comforting (?) assurance that nothing could be done for him as the paralysis would gradually spread upwards, and that his would be a living death.

A careful examination failed to detect any pain or tenderness along the spine, or in fact in any part of the body; he had perfect use of his other limbs, and there appeared to be no appreciable cause for such a state of affairs. His bowels were very sluggish and obstinate, his urine was clear, free from albumen and apparently normal, but on examination under

the microscope there appeared to be spermatozoa floating in it, and this further examination placed beyond question. Following up this clue I elicited that he had for several months experienced an almost constant desire for sexual intercourse, with a gradual diminution of power and an increase until they became of nightly (and frequently in the night) occurrence, of seminal emission whilst asleep. There was no priapism, and the testes appeared normal. He is a married man and the father of three living children. His wife states that for a long time he has been always wanting to, but quite incapable of discharging his marital duties. Now what was to be done in a case of this kind which appeared to be hopeless? I felt inclined to despair, but remembering a case which occurred to me at Salisbury, and which was reported in our number for April, 1876 (and which patient was by the way discharged perfectly cured), I determined to take the case in hand. He was ordered to be well purged twice a week with calomel and colocynth at bed time and sulphate of magnesia in the morning; galvanism was applied night and morning to the back and legs; he was held up every morning in a bath with his feet in warm water whilst the cold shower bath was administered for two or three minutes, afterwards increased to five, and eventually to fifteen minutes, and was given thrice daily five minims of tincture of sesquichloride of iron in an oz. of water (this dose of each was after an interval doubled, then trebled and eventually quadrupled, and this larger quantity he took daily without any intermission for twelve months and upwards); all attempts at sexual intercourse were strictly forbidden, and he was ordered as good and as nourishing a diet with stout, wine, &c., &c., as their circumstances would permit. This plan of treatment had a most charming and satisfactory result; in a few weeks he was enabled to get out of bed, and holding by the bed hobble round it; he became able to walk with crutches, then with one and a stick, then with two sticks, and for some weeks before I left in February, 1879, he walked down to me many times, a distance (both ways) of nearly seven miles, without any assistance whatever, although he always carried a stick. The spermatozoa disappeared entirely from his urine, and he was allowed and enabled to perform his marital duties in moderation and with success. His mode of progression when he first began to walk was most peculiar, he would lift his leg up very high and describe nearly a circle before putting it down again

very, very slightly in advance of the place from which he took it; it was quite impossible for him to put his leg behind, and then from a straight line to in front of him; as he described it they would "go round the corner." His wife during the latter part of the time caught a severe attack of typhoid fever whilst out nursing and was laid up for weeks, this I believe had a great effect in retarding his recovery. When I left he was about resuming his ordinary occupation. He must have taken some quarts of iron and the nux vomica; the latter never once caused any specific effect although carefully watched for.

4 Cambridge Terrace, Westbourne Park,
London, England.

Progress of Medical Science.

A CASE IN WHICH A BILIARY CALCULUS WAS REMOVED BY OPERATION FROM THE GALL-BLADDER AND A CURE RESULTED.

Mr. Bryant read notes of this case before the Clinical Society of London. The patient was a single woman, aged 53, who was admitted into Guy's Hospital under Mr. Bryant's care in July, 1878, with two discharging sinuses of three years standing, following an abscess, which had been previously forming for two. At first the sinus was laid open, and pus alone escaped; but, subsequently, as bile flowed in quantities from the wound, an exploratory operation was performed, and, at a depth of two inches, a biliary calculus, one inch long, turned out of the gall-bladder. Everything went on well after the operation; and, although bile continued to escape from the wound for about two weeks, the parts quite healed in about four months, and the patient left the hospital cured. The author brought the case before the Society as an encouragement to surgeons to apply their art in like or allied cases, for he was well prepared to support the suggestion of Dr. Thudicum, made twenty years ago, "that gall-stones might be removed from the gall-bladder through the abdominal walls;" and he pointed out that, under certain circumstances, the operation was justifiable when the sinuses by their presence were setting up inflammatory and suppurative changes about the gall-bladder, without any obstruction to the bile-ducts, as well as in that more serious class of cases in which the cystic or common bile-duct was obstructed, and dropsy of the gall-bladder, with jaundice, complicated the case, as shown by the cases of Dr. M. Sims and Mr. G. Brown—Mr. Hulke said there was no shadow of doubt as to the propriety of the treatment in Mr. Bryant's case. He simply rose to say that the whole question had been exhaustively treated in an early number of the *Mémoires de Chirurgie* of the year 1706. In the case there discussed, the stone was withdrawn by the forceps, and the author drew an analogy between

it and the operation of lithotomy.—*Brit. Med. Jour.*

WHEN THE HYPODERMIC SYRINGE MAY BE USED

Physicians of the present day carry in a pocket-case more active elements of prompt medication than used to be packed into a good-sized pair of saddlebags of a quarter century ago; and these modern condensed preparations for subcutaneous injection, as we all know, in many respects supersede the old-fashioned way of administering medicines.

In cases of unconsciousness, delirium, strangulation, or other condition in which the patient cannot or will not swallow, the proper remedy, in nicely graduated quantity, injected hypodermically, answers just as well as if taken into the stomach; and in many cases, even when the patient can take remedies in the usual way, hypodermics respond more promptly and favorably than other plans of treatment.

We give the following list as embodying the principal conditions in which hypodermics have been used:

Ununited Fractures.—Glacial acetic acid, five to ten minims between the ends of the bones with hypodermic syringe. Iodine has also succeeded, used in same way.

Surgical Shock.—Quinine, six grains, hypodermically, with one-third grain of morphia.

Urticaria.—Saturated solution of bisulphite of soda, injected directly into the part affected.

Hæmoptysis.—Sclerotinic acid, substitute for ergotine, 5 per cent. solution injected in the neck or arm.

Tumors.—Just before removal, hypodermic of half grain morphia, with a thirty-sixth grain of atropia, directly into the growth.

Chloroform Poisoning.—One-tenth grain of digitaline, hypodermically, followed an hour afterward with one-tenth of grain of atropia in similar manner, has been successful.

Erysipelas.—**Carbolic Acid.**—3 per cent. solution, eight or ten injections at the same time, so as to surround and cover the inflamed regions; also, salicylic acid in same manner.

Carcinoma.—Acetic acid, one part to three of water, injected into the cancer, has proved successful in shrivelling the tumor and obviating an operation.

Cerebral Apoplexy has been successfully treated by subcutaneous injections of ergotine in the arm.

Hiccough.—In an obstinate case, resisting all other means, three-eighths of a grain of chlorhydrat of pilocarpin, hypodermically, quickly proved successful.

Puerperal Convulsions.—Chloral, subcutaneously, has been pronounced better than when swallowed.

Foreign body in Oesophagus.—Threatened strangulation from impaction of gullet has been promptly relieved by inducing vomiting: apomor-

phia, one-tenth grain, hypodermically. Emetina is also suggested in same way.

Strychnia Poisoning.—Caffein, one grain, hypodermic; alcohol in same way is also suggested; chloral injections are also mentioned.

Puerperal Eclampsia.—*Veratrum viride*, two to four drops of the tincture, subcutaneously; as required to keep the pulse down to about sixty; pilocarpin, two per cent. solution, is also recommended.

Trichinosis.—Tinct. of ergot and ergotine have effected speedy cures, hypodermically, into muscles affected.

Skin diseases caused by animalculæ; sulphuric, carbolic, salicylic or sclerotinic acids, hypodermically, as in erysipelas.

Nasal Polypus.—Carbolic acid, one part; glycerine, four parts; twenty drops sunk into the tumor by means of hypodermic syringe, effectually dissipated the polypus in case reported.

Eczema.—Arseniate of sodium, hypodermically, in solutions of one-fifth, one-half and one per cent., commencing with ten minims of the weaker, and gradually increasing, is recommended.

Nocturnal Enuresis.—Two very small doses of the nitrate of strychnia, injected in the vicinity of the rectum at suitable intervals, have proved successful.

Croup.—Sulphate of atropia, one per cent. solution, has proved successful in a desperate case, injected in the neck, on level with pneumogastric. Three drops, repeated after four hours.

Congestive Chills.—Ten drops of tinct. belladonna, hypodermically, every fifteen minutes, until the pulse became distinguishable, succeeded where patient was unconscious and unable to swallow, followed by hypodermics of quinine, brandy or whisky.

Goitre has been successfully treated by subcutaneous injections of ergotine, one-third, gradually increased to one grain.

Membranous Croup.—Equal parts of water and sol ferri perchlor injected into trachea, piercing the needle through just below the thyroid cartilage, dissolves the membrane, enables its expectoration, and substitutes tracheotomy.

Erectile tumors have been successfully treated by injections of perchloride of iron and chloride of sodium in solution; the tumor to be surrounded by a ring.

Abortion has been caused by hypodermics of pilocarpin. This should ensure caution.

Hæmorrhages.—Hæmoptysis, hæmatemesis and uterine hæmorrhages have all been arrested by hypodermics of ergotine. If pain, add morphia.

Night Sweats.—Atropine has given good results in injections of about one-fortieth of a grain at bedtime.

Tetanus.—Chloral hydrate is recommended in conjunction with chloroformization, alternating with other powerful anodynes and antispasmodics.

Infantile Convulsions.—Morphia, subcutane-

ously, with inhalations of five drops of nitrate of amyl immediately following, have proved successful.

Retention of Urine.—From paralysis of bladder, accompanying typhus, variola and hydrocephalus has been promptly overcome by hypodermics of ergot in the fossa behind the great trochanter.

Arrest of Perspiration.—Pilocarpin, the alkaloid of jaborandi, will cause more or less profuse sweating, according to amount injected beneath the skin.

Opium Poisoning.—Quite rapid recovery is reported to have followed warm hypodermics of fl. extr. coffee, in thirty minim doses. Caffein citrate, and sulph atropia are also considered antidotes to opium.

Suspension of Salivary Secretion.—Pilocarpin, used as heretofore explained, excites salivation.

Chorea.—Curare, in hypodermics of from one-tenth to one-twentieth of a grain, daily, has been found valuable in this disease.

Obstruction of the Bowels.—Aloin has been used with success, subcutaneously, to move the bowels.

Hydrophobia.—Much amelioration of the symptoms has followed hypodermics of curare.

Bubo has been aborted by injecting carbolic acid into the centre of the swelling.

Syphilis has been treated by solutions of some of the mercurials, injected locally.

Hernia is more easily reduced by giving a hypodermic of morphine with or without atropia.

Convulsions.—Saturated tincture gelsemium, 10 to 15 drops, has acted as a powerful antispasmodic in arresting convulsions, injected subcutaneously.

Hemorrhoids.—Iodine, carbolic acid, perchlor iron, and other preparations have been used successfully—a few drops of ether injected into each pile—usually operating on only one at a session, waiting several days before repeating.

Dysentery.—Morphia, in one-third grain doses, hypodermically, has been found more rapid in relieving tenesmus than any other opiate.

Epilepsy.—Curare, in solution, seven grains in seventy-five minims of water, with two drops of hydrochloric acid. About once a week inject eight drops beneath the skin. It has cured cases of several years standing within two months.

Snake Bite.—Ammonia, brandy, carbolic, or salicylic acids, are all recommended, hypodermically, in case of snake poison, and have been injected with benefit directly into a vein.—*National Medical Review, Washington.*

ACONITE IN THE TREATMENT OF ACUTE INFLAMMATION.

We make the following extracts from Mr. James S. Spark's article in London *Practitioner* of March : . . . There are many inflammatory affections where its effects are literally marvelous, not only from the efficacy, but also from the rapidity of its action. The most remarkable as well as the most valuable effect of aconite is its power of *aborting* inflammatory action, if prescribed sufficiently early. I say the

most valuable, because although it is a great matter to be able to control inflammation, it is of much greater importance to be able to arrest or prevent it.

The first disease to which I direct your attention as to the abortive power of aconite is pneumonia. If administered within a day or two after the symptoms are apparent enough to render the diagnosis certain—but of course the earlier the better—it will arrest the inflammation and effect a cure in from one to three or four days, the beneficial effects being manifest from the very commencement of its administration. The pain frequently begins to subside from the first, the skin becomes moist, the breathing more natural, and the patient appreciably better and more comfortable after each dose. I have used it frequently both in children and adults, and have never seen it fail to produce most satisfactory results. The dose I have generally employed for an adult is five minims (Fleming's Tincture) at first, and one or two minims every hour after, modifying the dose according to circumstances. If the patient be debilitated from any cause, it must be prescribed cautiously, as I have seen it cause considerable alarm by producing delirium, nor are the beneficial effects of the drug any more, if so much, seen when it acts too powerfully. . .

In cynanche tonsillaris I have found it exceedingly useful, both as an abortive and as a controlling or modifying agent. If properly administered during the inflammatory stage it will seldom fail to cut the attack short, and, if given at the very beginning, to abort it. If duly administered it not only cuts short the present attack, but after a time it seems to reduce or remove the liability to quinsy in persons subject to periodical attacks of it. It would take a considerable deal of evidence to establish this last fact, but I have seen it sufficiently often to warrant my referring to it. Ringer says that the good effects of it in the catarrhal form of croup are as conspicuous as in quinsy. Its use in fevers, especially in those of an inflammatory character, has been found very advantageous. It reduces the temperature and produces a very soothing effect from its action on the skin. . . . There is no doubt of its efficacy in erysipelas, especially in that form which is occasionally consequent upon vaccination, which I have seen it cut short in a few hours. There was a case lately quoted in the *Practitioner* where its administration in frequently-repeated doses aborted milk abscess in twenty-four hours.

We have no better illustration of the efficacy and rapidity of the action of aconite than in common cold, "cold all through one," or "cold in the bones," as it is variously popularly described, when one feels as if he had been put "through a thrashing mill." Ringer states that one or two drops taken at bedtime will enable a person in such a state to rise quite well in the morning; and certainly in the doses I have mentioned it affords very speedy relief. It relieves that disagreeable affection, ringing in the ears, in many cases after a dose or two, and is said also to remove earache. In the acute stage of gonorrhoea,

when there is much pain and uneasiness, it affords marked relief.

There is one precaution in the use of it. It is contraindicated in inflammatory affections where the temperature of the body is not above natural.

THE TREATMENT OF HEMORRHAGE IN ABORTION

Prof. W. T. Lusk, in *Med. Record*, March 8, has an article on this subject, which we regret not to be able to produce entire. We quote his conclusions:

1. In the first two months an abortion needs no special treatment. The hemorrhages of early date are amenable to the same principles of treatment as those from the non-pregnant uterus.

2. In the third month no treatment is required when the ovum is expelled with intact membranes.

When the membranes rupture previous to expulsion, and hemorrhage takes place, immediate removal should be attempted, provided the cervix be sufficiently dilated to admit the index-finger. When the cervix is closed, the tampon should be tried for twenty-four hours. If the tampon proves ineffective, the cervix should then be dilated with a sponge tent and the ovum removed with the finger. The finger should pass up along the side of the uterus, across the fundus, and complete the circuit of the uterine cavity.

3. In cases of neglected abortion, retained portions should be removed by the finger or the curette. When the ovum is decomposed, no dilatation of the os is usually necessary. When the ovum is fresh, the preliminary use of sponge-tents is usually demanded if manual delivery is resorted to.

4. Fibrinous polypi, when situated near the os internum—a rare occurrence, indeed—arrest the involution of the lower portion of the uterus. The os is therefore open in the rule and permits the passage of the finger. When the polypus is attached to the fundus, the cervix is usually closed. Small, smooth, slippery bodies, like fibrinous polypi are rarely to be detached unless the finger operates from above, so that the choice of hands depends on the side to which the polypus is attached.

5. In immature deliveries (fourth to seventh month) hemorrhage can usually be controlled without the tampon, by compression of the uterus, and, in cases of delay, by the manual extraction of the placenta.

ENEMATA OF CHLORAL IN SICK HEADACHE.

Dr. J. Seure (*Bulletin Gen. de Therap.*) recommends this treatment very highly. He says that a patient of his, a lady, who is subject to severe attacks of migraine after shopping, etc.,

is accustomed, on her return home, to take an enema consisting of a glass of warm water, with a tablespoonful of the following mixture: \mathcal{R} chloral, gr. xlv.; aq. destillat., f. 3 x.—M. She then reclines upon a sofa, with closed eyes. Within a few seconds she begins to taste the chloral in her mouth, and at the same time she experiences a sensation of numbness. Little by little the headache disappears, nausea is allayed, and half an hour later nothing remains but a slight discomfort in the head, with a little torpor.

Within an hour and a half this lady finds herself able to sit down to dinner, and by the time the meal is over she has forgotten all about her headache and is able to entertain visitors during the evening. In this case twenty grains of the chloral are enough, but in the case of men thirty to forty grains are required. Dr. Seure has noticed that the relief gained is more prompt if a tablespoonful of brandy or whisky is added to the enema. The enema has one disadvantage, that is, the slight burning pain which it causes in the rectum. This may be avoided by the use of a glass of warm milk instead of water, or better by beating up the yolk of an egg in the water. In the case of individuals who retain enemata only with difficulty, a smaller amount may be injected, and a drop or two of laudanum may be added. Dr. Seure regards this treatment as almost infallible for the arrest of an attack of sick headache, and as decidedly preferable to the administration of remedies by the mouth. It has the advantage of not disturbing the stomach. Chloral also acts very promptly, its absorption by the rectum being almost instantaneous, as is proved by the effects on the general system, and also by the exhalation of chloroform by the lungs within a few seconds after the enema has been taken.—*Phila. Med. Times*. W. C. C.

COUGH MIXTURE.

In any severe cough, when the tongue is red or the throat is sore, the following is recommended by Dr. Powell, of London:

\mathcal{R} Potassii. chloratis.....grs. xl.
Morphia muriatis.....grs ij.
Glycerinae..... $\frac{3}{4}$ ss.
Syrupi $\frac{3}{4}$ iijss. M.

Sig. To be taken undiluted and slowly, for both its local and constitutional effect. Dose, one teaspoonful three or four times a day.—*Br. Med. Jour.*

NIGHT SWEATS.

\mathcal{R} . Ext. prun. Virg.; ext. hyoseyami; ext. ergotæ, fl., aa 3 ss; acid. sulph. aromatis; Tinc. kino, aa 3 iij. M. S. Half teaspoonful in water thrice daily.—*Ohio Med. Rec.*

ON THE DIAGNOSIS OF TUMORS OF THE GROIN.

Extract from a lecture by Christopher Heath, F.R.C.S., in *Medical Times and Gazette*.

DIAGNOSIS OF INGUINAL TUMORS.

Hernia.—Impulse on coughing; reducible with gurgle; clear on percussion if intestine; feels like intestine, or knotty, if omentum.

Hydrocele of Cord.—Impulse on coughing; apparently reducible; dull on percussion; elastic feel, like small elongated bag of fluid.

Iliac Abscess.—Impulse on coughing; non-reducible; dull on percussion; elastic, and possibly fluctuating.

Lymphadenoma.—No impulse on coughing; non-reducible; dull on percussion; Hard, well-defined, not tender unless inflamed.

Testis.—No impulse on coughing; non-reducible; dull on percussion; obscurely elastic, and characteristically painful.

DIAGNOSIS OF FEMORAL TUMORS.

Hernia.—Impulse on coughing; reducible with gurgle; clear on percussion if intestinal; feels like intestine, or knotty, if omentum.

Psoas Abscess.—Impulse on coughing; irreducible; dull on percussion; elastic or fluctuating.

Fatty Tumor.—No impulse; irreducible; dull; lobulated.

Cyst in Canal, or Lymphadenoma.—No impulse; irreducible; too small for percussion; hard and ill-defined.

REDUCIBLE SCROTAL TUMORS.

Hernia.—Impulse on coughing; percussion clear if intestinal, dull if omental; ring and inguinal canal occupied, spermatic cord obscured; intestine to be felt, and returned with gurgle, and remains up till effort is made; opaque; any age.

Congenital Hydrocele.—No impulse unless combined with hernia; percussion dull; ring and canal clear; fluid to be felt, and readily returned when patient lies down, and reappears slowly when he stands up; translucent; childhood.

Varicocele.—Impulse on coughing when large; percussion dull; ring occupied by enlarged spermatic cord; feels like a bag of worms when small, but like intestine when large—can be reduced by pressure, and fills again while pressure is made on ring; opaque; young adult, and on left side.

IRREDUCIBLE SCROTAL TUMORS.

Hernia.—Sausage-shaped; intestine clear, omentum dull; intestinal or knotty; opaque; sudden.

Hydrocele.—Pyriform; dull on percussion; elastic or fluctuating; translucent; chronic.

Hæmatocele.—Globular; dull on percussion; tense or doughy; opaque; sudden.

Sarcocele.—Irregular; dull on percussion; more or less induration; opaque; chronic.

Strangulated Hernia.—Suddenly produced, or if present before strangulated, thus: pain in groin and about abdomen, with considerable constitutional depression and anxiety of face; tumor tense, and giving the sensation of intestine when manipulated—skin normal; impulse on coughing to be felt along the groin, in which there is more fullness than usual, but ceases abruptly at the point of strangulation; percussion over tumor gives a clear sound unless the protusion is omental; vomiting probably present, continuous, and eventually stercoraceous.

Hæmatocele.—Suddenly produced by some external violence; pain in scrotum and constitutional disturbance, slight after the first few minutes; tumor tense and heavy, globular in shape, and not translucent—skin often bruised; no impulse in groin, which is perfectly normal; percussion gives a dull note; vomiting immediately following the accident, but not continued.

Orchitis.—Developed a few hours after a blow or following gonorrhea; pain in scrotum and along the cord to the loins—feverish disturbance of system; tumor excessively tender to the touch—cord thickened—skin reddened; no impulse on coughing; percussion gives a dull note; nausea and faintness, but seldom vomiting.

THE THERAPEUTIC VALUE OF CROTON-CHLORAL.

Dr. R. Riddell speaks, in a paper printed in the *Dublin Journal of Medical Science*, favorably of this new remedy. He says, after quoting his first instance—

Since that time I have used it largely—sometimes failing, sometimes relieving—till, by keeping an account of all my cases, it began to dawn on me which were benefited by the drug. Since then the number of cases relieved (some permanently) has increased. These cases are—headache in females, arising from mental distress; those cases of headache so frequent at the menopause—in fact, all those called neuralgic, except a few arising from internal mischief, are benefited, and, in many instances, cured. In that distressing species of neuralgia called tic-douloureux, I have found it in many cases acting like a charm. Of course I do not include any arising from cranial or intercranial causes. I have tried it in neuralgia of the ovaries, but no good resulted. In insomnia it is not so reliable as the hydrate, but in some cases, where the loss of, or inability to sleep, is accompanied by a weak or fatty heart, it is to be preferred, as it has no weakening effect on the central organ of the cir-

culatation. In one case of delirium tremens, where the circulation was very feeble, the combination of croton-chloral with digitalis had a wonderful effect, and it seemed as if the drugs could be given together in much smaller doses, to produce the same results, than singly. In this I pushed it from ten to thirty grains every three hours, with drachm and two-drachm doses of the infusion of digitalis. In pain arising from caries of teeth, I have found it useless in most cases, and in all inferior to Richardson's "tr. gelsemini;" but in one case, of a nervous young lady, by giving her two ten-grain doses, I was able to extract a tooth next to painlessly, to her great satisfaction. You will notice in all these cases it is in affections of those parts supplied by the fifth pair of nerves that it is of most use; but to be of service you must give the drug in far larger doses than prescribed in the Pharmacopoeia—for adults, five grains, three or four times daily, gradually increasing if required; if stimulants are wanted, dissolve it in rectified spirit; if not, dissolve it in glycerine. In all cases complicated with hemorrhoids, give glycerine. If anæmia exists, combine it with iron, or, which I believe better, arsenic; then gradually lessen the chloral. In all cases I have found it better to give it in solution than in powder or pill.

DAMIANA AS A NERVE TONIC.

My views on damiana as a sexual tonic are known to a very large number of the members of the medical profession. Further experience has strengthened the high appreciation I have expressed of its value in sexual debility, and given me, I think, some new ideas as to its physiological action and position as a remedial agent. It is pre-eminently a nerve tonic, impressing the brain and nerve centres very much in the same manner that strychnia does. While, however, void of poisonous properties, it excites nerve cell nutrition, and enables the nerve cell to assimilate its proper pabulum from the blood.

For the medulla oblongata and the medulla spinalis, it has an especial affinity. The motor nerves seem more impressed by its influence than are those of sensation. Hence I inferred that it would prove valuable in paralysis. Opportunities offering, I tested the accuracy of this inference in two cases—one hemiplegic, the other paraplegic. In both, damiana proved of unquestionable efficacy; the advantage was as unequivocal as I ever witnessed from the use of strychnia and ergot.

If my theory of its *modus operandi*—that it acted as an invigorator of the primordial nerve cell—be correct, it is easy to understand its true place in the treatment of certain forms of paralysis, as well as other nerve lesions in which deficient cell nutrition plays an important part. Damiana, by its direct action as a nerve tonic, by removing the morbid condition or stimulating the cells in inactive conditions, supplies a great want in therapeutics.

If impotency has accrued in the male from inability to secure the necessary erection to convey the seminal fluid into the female, and to produce in her the very important yet not absolutely essential orgasm for impregnation, this remedy, in the absence of organic or structural change, will almost invariably overcome the difficulty. It accomplishes all, and even more effectually, the results attained by combinations of iron, strychnia, ergot and cantharides.

In several cases of nervous exhaustion, I have found the organismal hypophosphites to give rather negative results, on account of the nerve cell being unable to imbibe its proper pabulum. In such cases I have used damiana alone with evident benefit; but the two agents together are almost magical in their effects.

I have recently used these two agents in combination with extract of malt, and the result has exceeded my fondest expectations in several cases of mal-nutrition and general cachexia. I have also noticed that the capacity of both physical and intellectual labor is increased by the use of this combination.

Recently I have used damiana in a case of obstinate constipation, and found the trouble entirely removed; and this after having used a multitude of remedies. Whether the result in this case was a mere coincidence, or will again occur, I shall determine by future trials. I believe damiana can be advantageously used in all cases in which strychnia is now employed.

The preparation I have used is the fluid extract, either prepared by myself by cold repercolation, or by Dr. F. O. St. Clair. I abstain from heat in making it, as high temperature is as fatal to damiana as it is to wild cherry. May not the rise of heat in the manufacture explain the reason why so much of the fluid extracts found in the market is utterly worthless, and has brought so much reproach, to be shared by the properly prepared and valuable article?

Damiana, like ergot, isolated phosphorous compounds, podophyllin and other valuable agents, has had its good name traduced, and at it has been hurled the usual remedy of the weak, ridicule; but truth, as it always will, has triumphed, and this agent is, no doubt, destined to an official position in our pharmacopoeia.—C. G. Polk, in *Virginia Medical Monthly*. *Atlantic Medical and Surgical Journal*, Feb., 1879.

TO HASTEN THE ACTION OF QUININE.

Dr. Starke, *Berliner Klin. Wochenschrift*, advises that before swallowing powders or pills of quinia, a weak tartaric acid lemonade be taken. This procedure not only greatly accelerates the solution and absorption of the quinia, rendering its physiological action much more prompt, but also obviates that unpleasant gastric irritability so common after the administration of large doses of this drug:

LUMBAGO.

The treatment of the acute form of lumbago is very simple and very effective. Perhaps the best treatment at first is the application of scarifying cups to the muscle, or muscles affected, to be followed immediately by narcotic fomentations in the shape of a bag of hops soaked in hot water, hot vinegar, or alcohol and applied directly over the scarified parts. There are various stimulating and anodyne liniments which are really excellent in their way—such as turpentine, ammonia, camphor, etc. If opiates are to be employed they should be administered early in the course of the attack. The best form in which to administer opium is in the shape of Dover's powder. This may be given in ten grain doses. It is usually very efficient in affording relief to the pain, and at the same time is very likely to produce copious diaphoresis. Where a rapid effect is desired the opium must be given hypodermically in the shape of morphia.

In most of the cases of lumbago which are encountered in private practice the patient will be found to object seriously to the use of scarifying cups unless all other remedies are found to be in vain. In fact, you will most of you find in time that the use of this most excellent remedy must be limited to hospital and dispensary cases. Where scarifying cups cannot be employed the best treatment is that by morphia hypodermically, and Dover's powder by the mouth. (In the University Hospital the great pain accompanying lumbago is at once and very often permanently stopped by the hypodermic injection into the affected muscle of a solution containing one-eighth of a grain of atropia and one-eighth of a grain of morphia. Great care being always had in the administration of morphia and atropia to nursing women, as belladonna is the most powerful antilactagogue known, and as too large doses of morphia not infrequently affect the child through its mother's milk.—REP.

Another most valuable drug in the treatment of lumbago is the iodide of potassium which would seem to be clinically proven to have a peculiarly beneficial influence over rheumatism of the lumbar region—more influence over this form of rheumatism in fact than over any other. Dr. Graves, of Dublin, is the first one reported to have made use of iodide of potassium in lumbago, and he tried its effects upon his own person. He found that in doses of from five to ten grains given every three or four hours, its effects were truly wonderful.

This clinical fact—I refer to the peculiar influence of the iodide of potassium upon rheumatism of the lumbar muscles—is very difficult of explanation, but it is undoubtedly true. The iodide has been tried in the treatment of muscular rheumatism of other parts of the body, and its effects in such cases have been found to be not by any means so immediately successful.

In the chronic form of lumbago the condition is one of great obstinacy and is very difficult to treat. Such cases are very apt to persist in disappointing your hopes of cure. The most useful class of reme-

dies here are of course the various forms of counter-irritants, such as blisters, sinapisms, the actual cautery, etc., etc. Thoroughly and conscientiously applied local friction and *massage* may do good in some instances where counter-irritants have signally failed.

Of all remedies, however, for chronic lumbago, I am accustomed to rely mostly upon the influence of tepid water upon the affected parts. The action of water, though slow, is a very permanent one. The water may be applied either in the shape of wet compresses kept in constant contact with the part, or you may use a douche and allow a stream of water to fall steadily upon the rheumatic muscles for some time from a height of from eight to ten feet. This use of water does great good in all forms of muscular rheumatism no matter where located. After the treatment by douche, or by wet compresses, the parts should be briskly rubbed with a coarse cloth or a skin brush, and then covered with cotton, or wool, or a piece of India-rubber cloth.

I have occasionally derived very advantageous and rapid results from the use of a metallic brush, rubbing the affected part briskly with it. This rubbing acts of course as an electric stimulus, and always gives immediate, if not permanent relief, though my experience has been that the use of the electric brush afforded permanent as well as immediate relief.

Very often I advise tying a cloth over the lumbar muscles and ironing them thoroughly, two or three times every day, and then following up the ironing with the application of some stimulating liniment.—*Hospital Gazette and Archives of Clinical Surgery.*

TREATMENT OF EPILEPSY.

A. McLane Hamilton, M.D., in the *New York Medical Record* says:

I would recommend, in the first place, a most careful observance of those hygienic rules which are of so much importance, and influence to such an extent the progress of all the neuroses; and, in the second place, would suggest the use of two or three remedies which seem to possess great virtue in this disease.

The bromides have received deserved popularity, and if used within proper limits, and in combination, will sometimes cure cases of moderate duration, especially if the case is uncomplicated and is not the result of traumatism.

I am in favor of combining bromide of sodium with bromide of ammonium, equal parts of each, and of administering sixty grains of the combined salts together with thirty grains of hydrate of chloral daily. The doses should be divided so that the largest may be given a short time before the fit is likely to occur, that is, if any regularity in the occurrence of the convulsions can be distinguished. Of course this quantity may be increased if occasion requires. In other cases the bromides given in combination with bicarbonate of potash and some simple bitter tonic, as recommended by Brown-Séquard, will produce wonder-

ful results. These remedies are especially serviceable in the nocturnal forms of the disease, and, in fact, are to be commended in the treatment of attacks of an irregular character.

I will caution you against giving the bromides with the mere idea of exhausting, as it were, or stamping out the disease. It is of the utmost importance to combine with them cod-liver oil or some other fat-making material which improves the nutrition of the nervous substance. It has been my good fortune in many instances, where the bromides have been given in excessive doses (even to the point of producing full bromism, and yet without producing any apparent effect upon the disease) not only to materially diminish the number of seizures by reducing the quantity of bromides administered—and giving cod-liver oil, cream, extract of malt, or linseed oil—but to decidedly improve the general health of the patient.

Should the cases in which we have satisfied ourselves that there is no exciting cause to be removed resist this plan of treatment, we may resort to the use of the actual cautery, or apply repeated blisters to the back of the neck. But in many cases even these remedies do but temporary good, and the result of our treatment must be discouraging.

From recent trials it would seem that curare is indicated in these obstinate cases, and a standard solution, acidulated with dilute hydrochloric acid, may be hypodermically injected every fifth day in doses of one-third of a grain until five or six doses are given. In the lighter forms of the disease the use of the fluid extract of ergot in dram doses, three times a day, alternated with tincture of belladonna in five-drop doses and gradually increased in quantity, afford very satisfactory results when the bromides are apparently inert.

Cannabis indica has also been recommended and successfully used by Sinkler, of Philadelphia.

If the disease has appeared in a patient over twenty years of age, especially when the characteristics of the disease are such as I have described when speaking of syphilis as a cause, we may use the combined iodide and bromide treatment, or, better still, the bichloride of mercury. One secret of success in the management of this form of the disease, and, in fact, nervous syphilis in general, is to push the administration of the iodides as far as we can safely go, and this must be done rapidly. Whatever you do in the treatment of this discouraging affection, be consistent and methodical. It is extremely injudicious to make changes and try new combinations when the patients are doing apparently well, or even some time when no change follows, or to relax your vigilance over the invalid's personal habits. For epilepsy is essentially, a disease, as I believe, in which there is a habit, if it may be so called. In many cases, in fact in a large proportion of all, there is a regular recurrence of the fit; and every day gained after the time when the attack usually occurs is to the patient's advantage, and helps to break up the tendency to regularity.

TREATMENT OF OBSTINATE VOMITING BY SMALL DOSES OF IODIDE OF POTASSIUM.

Having noticed in the *Record* of March 15th, under the above heading, an article taken from a statement made by Dr. Fornica Corsi in the *Gazette Obstetricale*, and having a patient suffering from obstinate and intractable vomiting arising from spinal inflammation, and having exhausted all the remedies ordinarily employed as anti-emetics, without the least amelioration in the symptoms, I determined to try the iodide in the minute doses recommended by Dr. Corsi. The vomiting had occurred immediately after taking food of any description, quantity and quality making no apparent difference. Vomiting occurred with very little effort, nausea persisting for only a short time after the contents of the stomach had been entirely rejected. This state of things had existed for at least two months, in which time she had retained only an occasional mouthful of food. After the use of injections of beef tea and egg for several days, during which time nothing but a little drink was allowed by the stomach, one or two meals were retained, but the vomiting commenced again, and continued up to the time of the administration of the iodide. I gave it in solution, in doses of $\frac{1}{32}$ grain, repeated every hour and a half; and since then—now fourteen days—she has retained every thing she has taken, excepting one or two meals, when she had omitted the drug for a few doses at my request, as a test.—George Huntington, M.D. in *Medical Record*.

THE TREATMENT OF INDOLENT ULCERS BY MEANS OF SHEET LEAD.

A good deal of attention has been attracted during the past year to the American treatment of indolent ulcers by means of Dr. Martin's India rubber bandages, and the reports received on all sides as to the value of this method are eminently satisfactory. I would, however, urgently request that a trial be given to the system which I was in the habit of adopting in all such cases at St. Bartholomew's Hospital, Chatham, some thirteen years ago, viz., the application of sheet lead, molded to the shape of the leg, and kept on by an ordinary calico bandage. The size of the lead should be sufficient to cover the ulcer completely and lap it a little over the whole skin; the edges and angles should be well rounded, so as not to chafe or irritate; it should be about an eighth of an inch in thickness, and moulded very accurately to the shape of the leg, so as to allow of no indent being apparent on the surface. After it has been carefully fitted, the leg should be bandaged from the toes upward, and all that then need to be done is to uncover the ulcer night and morning and allow some water from a sponge to trickle over it. The granulations should never be touched with the sponge itself. I believe that the rationale of this treatment is pressure, the same as in the case of the elastic bandage, though there may be also some action produced by the secretions upon the lead, as is said to

take place when the lead nipple-shields are used. The great advantages of the system proposed are simplicity and cheapness, though, as regards the former, I think it must yield the palm to the elastic bandage. It would appear that in some parts of Africa the natives use sheet copper, and with some success, but I cannot say I have ever tried it myself.—*F. P. Atkinson, M.D., in London Practitioner.*

ON NIGHT COUGH.

Dr. R. E. Thompson says, in the *Practitioner*—

There is a very persistent and harassing form of cough which accompanies many forms of pulmonary disease—phthisis, bronchitis, and others—which appears to be an undeveloped, modified form of asthma.

The patient complains of being much disturbed, at night especially, or early in the morning, and it is generally worse when the patient lies down and goes to bed. No narcotics in ordinary use for cough appear to have any effect and it is only by asthmatic remedies that any relief is obtained. Many cases of this kind have now come under my notice which formerly used to trouble me not a little from the constant complaint that was made as to the distress arising from this obstinate night cough, and the ineffectual result of opiates. In all those cases of this kind which I have lately investigated, there was a decided history of inherited asthma; but it will be sufficient if I quote two cases out of the number.

A lady, who had been confined three weeks, consulted me about a very persistent and harassing cough which kept her awake through the night. For this various remedies had previously been tried, opiates chiefly, without the slightest alleviation. A year before this her younger sister had applied to me for advice for a fully developed asthma, which was treated successfully by asthmatic specifics. The remembrance of this gave a clue to the case, and investigation proved that asthma had been inherited from a grandparent, the father and mother of the patient having been perfectly free from pulmonary complaints. Relief was at once obtained by Joy's cigarettes, which are often extremely useful in like cases.

A young lad, aged nine, was brought to me for advice respecting a persistent cough with which he had been troubled since an attack of measles, eight months before. On examining him, I found a thickened condition of the alveolar tissue and harshness of respiratory murmur, which appeared to depend upon an old condition of broncho-pneumonia. I ordered him some cod-liver oil and lactuca for his cough, but finding that the cough was still very troublesome, especially at night, I conjectured that the case was one of undeveloped asthma, and on investigation I found that the grandfather had been subject to asthma. In this case the burning of nitre-papers removed the cough at once.

LATE SUGGESTIONS ON OZÆNA.

Dr. Fränkel, in Virchow's *Archiv*, volume LXXXV, gives a number of cases which he thinks will confirm the views of those who believe that ozæna always owes its origin to a dyscrasia—two of his patients were pythical, two syphilitic—but does not believe, though admitting the frequent coincidence of ozæna with pharyngitis sicca, that both the diseases are in causal connection with each other.

In an Italian contemporary, Dr. Massei, starting from the theory of a parasitic origin of ozæna, recommends the following treatment: *a.* Gradual dilatation of the obliterated nasal passages by means of elastic bougies; *b.* Clearing and disinfection of diseased regions by a very weak solution of salicylic acid (1 part 500 parts of water), applied by means of a syringe; *c.* Modifying local medication, by blowing calomel powder through a nasal speculum on the ulcerated surfaces. The author says that there is always an arrest in the process of healing at a certain period, but advises strongly not to give up this treatment, but to continue it patiently until total cure is obtained.

In the *Memorabilien*, Dr. Dawosky describes his successful treatment of that form of ozæna called *punaisie* (in German, *stinknase*). He carefully removes all crusts, washes the mucous membrane with a two per cent. solution of silver nitrate, and every evening tampons the nostril with a plug of charpie as thick as the finger, moistened with glycerine and that thickly dusted with powdered alum. In the morning this is removed and nostril washed with injections of permanganate of potash or zinc, in weak solution. The odor soon disappears, and by persistence a cure is effected.

COUGH MIXTURE.

J. Milner Fothergill says hydrobromic acid, with spirit of chloroform and syrup of squill—and if the case be that of a very agreeable lady, and a favorite patient, a few drops of spirit of nutmeg be added—constitutes an excellent and palatable cough medicine.—*Western Lancet.*

CHOLERA INFANTUM.

During the summer of 1873, I was called to prescribe for a child two years old, supposed by the physician in attendance to be dying, the disease being diagnosed as cholera infantum. My prescription was one ripe strawberry every hour till better. The child speedily recovered. Three months after, I was asked to prescribe for another child aged eleven months. The disease this time was really cholera infantum. One-half strawberry every hour proved a successful treatment. This child had also been given up to die.—*Boston Journal of Chemistry.*

HYDRATE OF CHLORAL AND BROMIDE OF POTASH ENEMATA IN THE VOMITING OF PREGNANCY.

Recently having had a very favorable result from hydrate of chloral by enema, given in a case of gastritis where vomiting had occurred almost incessantly for three weeks, we gladly give further publicity to the following note, in the *American Journal of Obstetrics and Diseases of Women and Children*, by D. B. Simmons, M.D., Chief Surgeon to Ken Hospital, Yokohama, Japan:

I published in the *Medical Record* of May 15, 1874, the history of four cases of severe vomiting during the first month of pregnancy, as relieved by the administration of chloral hydrate by the rectum, in portions of from twenty to thirty grains, dissolved in gum water. I call the attention of the profession again to this method of treating these often very distressing cases, because I am more and more convinced of its great value, from repeated trials of it since. The Japanese physicians, whom I have instructed in its use, also report very favorably on it. In fact, they confidently inform me that it rarely fails. Since the first few cases in which I advised its use, I have learned that the bromide of potash, in equal proportions with the chloral, adds to its efficacy. I have also learned that in some cases the remedy must be pushed to a moderate degree of narcotism in order to secure the desired result. The amount of each portion of the drugs and their frequency of administration depends, therefore, on individual susceptibility to its influence, and must be prescribed accordingly. I also advised its use in obstinate vomiting from other causes. Following this suggestion, it was administered by one of my colleagues, Dr. Stewart Eldridge, in a case of vomiting from local peritonitis which had resisted all other modes of treatment. The result was most satisfactory, indeed, almost magical. I stated, in the article referred to, that I had nowhere seen the use of chloral for this particular purpose mentioned. Neither have I been able to find it since. I shall therefore claim to have first used and recommended it, till some prior claim is established.

A NEW ANTISEPTIC.

A new antiseptic agent has appeared in Germany, which, if the statements regarding it are true, is one of the most important yet discovered. It is a double salt of borate of potassium and sodium, and is made by dissolving in water equal quantities of chloride of potassium, nitrate of sodium, and boric acid, and evaporating to dryness after filtering. Its cost is about twenty-five cents a pound, and its use in foods, etc., does not in the least injuriously affect them, and gives no taste or smell to substances. It has been extensively employed already by butchers, sausage makers, tanners, etc.; but its most important use is at present in the manufacture of butter and

cheese from sweet milk. When butter is made from sweet milk in the ordinary manner, the milk must be kept very cold; when the "preserving salt," as it is called in Germany, is used, the milk may be kept at ordinary temperature without souring; the remaining sweet milk may be worked up into a superior quality of cheese. If fifteen grains of the salt are added for each quart of milk, the latter will keep sweet for at least a week. Fresh meat, game, etc., may be preserved by dipping it into a solution of one pound of the salt in six pints of water. When the meat is intended to be kept for a long period it is rubbed in well with the powdered salt in the proportion of one and one half drachm to each two pounds of meat. In twenty-four hours the impregnation is completed, and it only needs to be dried. A piece of meat prepared in this manner in January, 1877, was in perfectly good condition in January, 1879. For pickling, the meat is prepared in the same manner, and then placed between layers of a mixture of two pounds of common salt, one half pound preserving salt, and one fourth pound of sugar. In this way the largest hams can be salted in four days. For preserving skins, from one half to two pounds are used, according to size. Eggs are placed for fifteen minutes in a solution of one ounce of the salt in a quart of water. To preserve beer, wine, etc., it is sufficient to rinse the bottles, previous to filling them, with a solution of the salt in the proportion of one to ten, and adding to the beverage itself eight grains per quart. For fish, lobsters, oysters, fruit, and vegetables, the preparation has also been used with the best success. —*Boston Journal of Chemistry*, May, 1879.

TURPENTINE AS AN EXTERNAL APPLICATION IN SMALL-POX.

Dr. Farr, of Lambeth, ascribes great value to turpentine as an external application in small-pox. He claims that it at once relieves any smarting or irritation, effectually corrects the unpleasant odor given off in the more confluent form of the disease, and seems in a marked degree to arrest pustulation, thereby modifying and sometimes entirely preventing pitting. In consequence of its powerful antiseptic and disinfectant properties, it tends, moreover, to prevent the spread of the infection. Mr. Farr uses it in the proportion of one part of rectified spirits of turpentine to three or four of olive oil, and applies it night and morning by means of a feather. —*The Lancet*, May 11.

ANTI-TOOTHACHE.

Mr. James Merson, L. D. S., writes to the *Brit. Jour. Dental Science* that acute pain can often be suppressed by pungent aromatics, just as we know essential oils are popular remedies for toothache, as are creosote, peppers, spirits, etc. But, better still, he tells us that, combined with chloroform and acetonite, they will prevent the pain of tooth extraction. Hundreds of patients told him they did not feel the

pain. Here is his formula for a local anæsthetic to supersede chloroform, ether, the gas, etc. :

R. Chloroform, pur.....	3 drachms.
Tr. aconiti (Fleming's).....	3 drachms.
Tr. capsici.....	1 drachm.
Tr. pyrethri.....	$\frac{1}{2}$ drachm.
Ol. caryoph.....	$\frac{1}{2}$ drachm.
Pulv. Camph.....	$\frac{1}{2}$ drachm.

Mix.

The tooth and surrounding gums are to be previously dried, and then four or five drops of this applied with cotton wool. Then without delay use the forceps, but the instrument must be warmed. This is most important. We have felt the pang of the cold steel, and whether the anæsthetic or not be used, agree with the propriety of using warm instruments. For toothache, a pellet of cotton wool soaked in the above, may be introduced into the cavity, and is said often to give speedy relief.—*The Doctor.*

ORIGIN OF DIPHTHERIA.

Diphtheria is believed to have originated in Egypt more than two thousand years ago. It prevailed in Egypt and Asia Minor, to which it extended, during the first five hundred years, and hence was early called an Egyptian or Syriac disease. Having invaded Europe, the disease appeared in Rome A.D. 330, and, being highly contagious, in its fifteen hundred years' transit on the continent of Europe it affected mainly rural districts and garrisoned towns. It extended to Holland, in which it was epidemic in 1337; to Paris in 1576, and again appeared there in 1771. It prevailed more extensively in France in 1818 and 1835, and in England, the United States, and Canada from 1856 to 1860, and more or less ever since.

MASSAGE OF THE TONSILS.

M. Quinart describes, in the *Archives médicales belges*, a method of treating hypertrophy of the tonsils that has proved very successful in his hands. The method, which is only applicable after the inflammatory period has passed, consists in massage of the gland, and is carried out as follows: He covers his index finger with alum, introduces it into the mouth, and brings it to bear directly on the tonsil, which is manipulated, with gradually increasing force, over as great an extent of its surface as can be reached. The operation is at first painful and disagreeable; but the discomfort is readily allayed by an emollient gargle. After a few repetitions, it ceases to be painful, and the patients readily learn to practise it themselves.

JABORANDI IN NIGHT SWEATS.

ED. PHILADELPHIA MED. AND SURG. REPORTER :

About one year ago, Dr. Charles H. Weikel, then Resident Physician in the Philadelphia Hospital, told me that they had been using in that

institution jaborandi for the purpose of stopping the night sweats of phthisical patients, and almost invariably with success. Since then I have prescribed it with the same intention in four cases, and Dr. S. Mason McCollin tells me that he has employed it lately in three of his cases. In all these cases, with the exception of one, the night sweats ceased after the first dose, almost totally. As mentioned, it had no effect in one of my cases, but here I think its employment came too late, as the individual died a few days later. The way I used it was the following:—

R. Extracti jaborandi fluid., f. ʒ ss
Tinct. cardamomi,
Syrup. pruni. virginian., ā ā f. 3 ij. M.

SIG.—One teaspoonful, in half a wineglassful of water, the first night, then half a teaspoonful every following night, until cessation of sweats.

It will rarely be necessary to give the medicine oftener than four consecutive nights. If, after some weeks, the sweats should return, which is frequently the case, one or two of the smaller doses have, in my cases, been sufficient to stop them again. If, after repeated trials, and a larger number of observations, the fact should be established, that jaborandi in small doses always has the effect of suppressing that which it produces when administered in larger quantities, and especially if it should prove, as it seems to do, to be specific against the night sweats of phthisical patients, then we would have one remedy more to alleviate the sufferings of those unfortunate beings who fall a victim to the tubercular diathesis. The remedies we know, so far, to stop these night sweats have all some kind of drawback. Sulphuric acid disturbs rapidly the digestion; the external application of tonic astringents is of no use, and atropia produces such a disagreeable dryness in the throat, and after a few doses, frequently, such an exhaustive diarrhoea, besides its effects on the eyes, that we would have won in jaborandi a really very valuable addition to our stock of palliative remedies, besides its usefulness in many other diseases where a strong diaphoresis or increase of the salivary secretions is our object. What dose of the muriate of pilocarpia, hypodermically, might be necessary to stop these sweats I am not able to say, having found no occasion yet for using jaborandi in this form, but I should judge one-thirty-second of a grain might answer the purpose.

There is another remedy which is often used in the Philadelphia Hospital, and which, outside of that institution, is very little employed, and almost considered obsolete. That is the fluid extract of hamamelis. According to my experience with this drug, it is far superior to ergot, gallic acid, terebinthine, cupri sulphas, plumbi acetat, and all others recommended against hæmoptysis. The fault that it might have occasionally disappointed in its effect, lies in the dose and not in the medicine. In cases of hæmoptysis I give two teaspoonfuls of the fluid extract of hamamelis right away, and repeat the

dose every half hour till the severe bleeding stops, and continue it later, in the dose of one or half a teaspoonful three times daily, until all signs of the spitting of blood have disappeared. I have seen no remedy yet so certain in its effect as hamamelis, and I mention it here to induce others to try it. If hamamelis is used in the following way, patients like to take it:—

R. Extract. hamamelis, fluid, f. ʒ iij
Tinct. radiceis aconiti, aa ℥ xv
Acid. hydrocyanic., dilut., f. 3 ss
Extract glycyrrhiz, fluid, f. 3 ss
Syrup. limonis, f. 3 vij. M.

SIG.—One or two teaspoonfuls, in water, three times daily, or as directed.

HUGO ENGEL, A.M., M.D.

319 North Fifth street, Philadelphia.

TREATMENT OF PUERPERAL AND OTHER HYPER-PYREXIAE BY COLD.

Dr. Wiltshire (*British Medical Journal*, May 18, 1878), gives notes of two cases of puerperal hyperpyrexia treated by means of dry cold,—the patients being surrounded in their beds with bottles, etc., filled with ice. This reduced the temperature for the time being, usually, but not invariably. The relief experienced by the patients was at times great and palpable, but they could not sleep during the applications, possibly because none were made to the head. Dr. Wiltshire prefers the dry packing as obviating the necessity of removal from bed. In the same number of the journal, Dr. Waters gives an account of a case of acute rheumatism and one of typhoid fever successfully treated by cold baths.

A PHYSIOLOGICAL HINT TO PHOTOGRAPHERS.

Discomfort, amounting in many persons to actual distress, is experienced in sitting for a photographic portrait. The eye is fixed on a certain spot, and, whilst staring at this, vision becomes indistinct, surrounding objects especially being lost in a thickening mist. A feeling of giddiness, and even of faintness, is apt to follow if the sitting is at all prolonged. Whilst undergoing an ordeal of this kind the idea was suggested to Dr. Buzzard (*Lancet*, April 20) that a diagram of a clock-face some four inches in diameter, and posted about eight feet in front of the sitter, would be a more agreeable object to look upon. He tried the experiment, allowing his eye to rest first upon the figure XII, then upon I, and so on around the circle. While this slight change rested the eye, and preserved the brain from fatigue, the photographer found that it produced no indistinctness in

the picture of the eye, even the iris being well defined. It is evident that the plan described is likely incidentally to prevent to a great extent the staring expression which the face assumes when the gaze is long fixed upon an object, for it combines a certain amount of free play of the eyes with accuracy of photographic definition. Dr. Buzzard says, "A somewhat larger circle, I have no doubt, may be employed with even greater advantage; and printed words, pictures, or other objects may replace the figures. For children, and others who do not easily follow directions, a disc with a single aperture towards its edge might be made to revolve, in the direction of the hands of a clock before another disc prepared with pictured objects of some kind or other, so that one would appear at a time at short intervals of space, and attract the eye. Various other modifications indeed, at once suggest themselves as feasible, so long always as the figure towards which the gaze is directed presents a succession of objects arranged in a circular form."

NASO-PHARYNGEAL DISEASE—IODOFORMED WOOL.

In diseases of the nose and post-nasal region the curative influence of iodoform requires to be more extensively known. In cases of rhinitis, ozæna, post-nasal catarrh, and hyperplastic deposits, whether simple or syphilitic, iodoform exercises quite a specific influence. As regards the best method of using it topically in these sensitive regions, the objection to the ethereal solution is its extreme painfulness. This defect—a very serious one in the case of delicate females—is due entirely to the solvent employed, iodoform itself having a distinctly anodyne influence on the tissues to which it is applied. Allowing the ether to evaporate somewhat from the sponge or brush employed modifies its unpleasant effect; but even then I have observed patients shrink from its application with expressions of the greatest dismay. I have, therefore, sought for some vehicle for iodoform which, while free from the objections due to the ether, will enable to drug to be maintained in contact with the tissues to be influenced by it. Finely, carded cotton wool appears to supply this requirement; an "iodoformed wool" has been prepared for me by Messrs. Bullock & Co., which has yielded very satisfactory results in practice. Each drachm of the wool contains a drachm of iodoform, with which it is very intimately blended. For use it is simply necessary to pass on a probe a small portion of the wool to that part of the nasal cavity which may be diseased. Here it will remain for a period varying from one to twenty-four hours, its presence being unrecognized by the patient.—*Dr. E. Woakes, Braith. Ret., No. 77.*

NEW EXPERIMENTS IN ANÆSTHETICS.

The Paris correspondent of the *Lancet* writes—An experiment of considerable practical interest was performed a few days ago by MM. Labbé, Bert, Preterre, Lafont, and Regnaud, for the purpose of testing the practical applications of Professor Bert's researches on the anæsthetic properties of mixed nitrous oxide and oxygen *under tension*. You are doubtless aware of the character of M. Bert's researches, which were communicated to the Academy of Sciences in one of its recent sittings. But the experiment to which I allude was a practical one, applied to a human being. A chamber with compressed air having been prepared, the experimenters entered it with a young woman of twenty, who was to be operated upon for that most painful operation, ingrowing nail. As soon as the barometer marked an increase of pressure equal to 0.17 centimeters, M. Preterre, the well-known dentist, applied the apparatus which he is in the habit of using. There was a sudden cessation of breathing, which lasted about fifteen seconds. Then a long inspiration followed, and after ten seconds there was complete insensibility. Dr. Labbé now proceeded quietly and leisurely with the operation, followed by the dressing. All this took in about eight minutes, during which time the patient slept quietly, with a regular pulse, and a clear, rosy complexion. On waking she immediately felt the pain, and had a sort of short hysterical fit, with crying. But she declared when it ended that she felt quite well and very hungry as she had not had anything yet to eat. The assistants were struck with the way in which she recovered her normal condition, as she was able to walk immediately, and to resume her habits. The value of this anæsthetic mixture of about eighty-five parts of nitrous oxide and fifteen of oxygen, administered *under tension*, and discovered by Prof. Bert, therefore promises to be very useful and practical. With this mixture, employed in compressed air, the patient does not get blue in the face, and the natural complexion, pulse, and breathing seem to be preserved. Moreover, it is not preceded by the period of agitation which often proves so tedious and troublesome, and is not followed by the stage of reaction which often upsets a patient for several consecutive hours.

HYPODERMIC INJECTIONS OF TINCTURE OF ERGOT FOR RETENTION OF URINE.

Mr. Luton, of Rheims, employs a mixture of one part of tincture of ergot in five parts of alcohol at 90° by hypodermic injection, in the treatment of inorganic retention of urine. The dose he employs is from seven and a half to thirty drops, fifteen drops of the solution being equal to three grains of powdered ergot. He has used it in the paralysis of the bladder accompanying typhus, confluent variola and acute hydrocephalus. He makes the injection in the fossa

behind the great trochanter. Within half an hour and sometimes within a few minutes, a complete and forcible evacuation of the bladder takes place. He has never observed an eschar of the skin or a gangrenous abscess after the injection.—*Le Lyon Medical*.—*Southern Medical Record*.

INJECTION OF WARM WATER INTO THE VAGINA IN CERTAIN CLASSES OF LABOR.

Mr. W. J. Kilner says that, although meddling midwifery is rightfully deprecated, yet any assistance which can be given without coming under this designation will be certainly appreciated not only by medical men, but also by the patients themselves. The examples given by him show how injections of warm water into the vagina in properly chosen cases accelerate the labor without causing any increase of suffering to the mother. The only instrument required, besides a bowl of warm water, is a Higgins syringe fitted with a vaginal tube; but this apparatus can be improved by the addition of a yard of india-rubber tubing three-eighths of an inch in diameter, joined to the vaginal tube so as to carry off the water direct from the vagina into a receptacle, thus avoiding wetting the bed. The water should be as warm as the patient can comfortably bear, and in practice it is advisable not to begin with water raised to the full temperature, but gradually to add boiling water until the temperature of about 105° F. has been attained. The injection requires to be continued from five to twenty minutes, according to circumstances. But there is one thing which must be borne in mind, that, unless the injection be given with a due regard to temperature, it is totally useless; so that, to avoid disappointment, it is better to administer it oneself rather than to leave it to a nurse, unless she can be fully relied upon. The effect caused is the relaxation of the maternal soft parts, and sometimes in addition the labor pains seem to be increased. Besides this, the patients generally say that the injections make them feel more comfortable. The cases to which this treatment is specially applicable are those in which the os uteri is thin and rigid and the perineum unyielding.—*Lancet*, vol. i., p. 439.

CITRATE OF CAFFEINE AS A DIURETIC IN CARDIAC DROPSY.

Dr. Lewis Shapter reports four cases of the successful use of this remedy for the relief of dropsy in advanced disease of the heart. Prof. Gubler first drew attention to this property of caffeine. In the case reported the dose of the drug was limited to three grains once in four hours, owing to its tendency to cause nausea and vomiting in larger doses. The quantity of urine was increased from one pint to three or four pints in twenty-four hours, the action of the heart improving in strength and regularity. Digitalis had been used in some instances without benefit.—*Boston Med. and Surg. Journal*.

TREATMENT OF GASTRIC ULCER.

Dr. C. Hertzka, of Pesth, has employed chloral hydrate with excellent results in the treatment of ulcer of the stomach. He was led to try the drug because, in addition to its hypnotic and anæsthetic powers, it has been demonstrated that it coagulates blood, favors the healing of ulcers generally, acts as a disinfectant, and, in particular, prevents the lactic acid fermentation, and finally, retards the functional action of the stomach and lessens the appetite. To a man, 48 years of age, who had been treated without success by the most various remedies, he administered every evening from forty-five to sixty grains of chloral largely diluted. This quantity was administered in three doses, at intervals of two hours, and at the same time Carlsbad water was freely given. On the third day the pains and vomiting ceased, and did not again recur. On the eighth day the patient was able to leave off the morphine injections, to which he had become accustomed. The chloral caused a severe burning sensation in the stomach, and produced a state of nervous depression, which ceased as soon as the treatment was discontinued (after fourteen days). Subsequently a feeling of burning and constriction in the œsophagus appeared at irregular intervals. Hertzka ascribed this feeling to the traction on the nerve-fibres by the contracting cicatrix in the stomach. For its relief subcutaneous injections of morphine had to be employed.

In a second case the chloral caused burning and vomiting. To prevent these unpleasant symptoms a morphine injection was administered two hours before the chloral, and large quantities of Carlsbad water were given after it. In future cases, Dr. Hertzka proposes to use smaller doses more frequently repeated.—*Centraltrat blümed. Wissen.*

ON A NEGLECTED PROXIMATE CAUSE OF DYSPEPSIA.

In a recent paper on this subject, Dr. Leared, of London, argues that in a large proportion of dyspeptic cases the fault does not lie with the gastric juice *per se*, but with the muscular structures of the stomach. Owing to nervous debility, the peristaltic movements of the organ are more or less diminished, or even arrested. The result is that the food, not being duly submitted to the action of its solvent, in part ferments, and the gas evolved distends the stomach. This distention tends to impair the tonicity of the muscular fibres still more, so that, in some cases, the stomach may be said to be paralyzed. The remarkable way in which stirring aids the solution of soluble substances in water was adduced by the author in proof of his position. Although the revolution of the morsels of food

was graphically described by Dr. Beaumont, from actual inspection, he failed to grasp their importance in relation to pathology. Instead of the old division of atonic dyspepsia and dyspepsia dependent upon gastritis, Dr. Leared proposed to divide dyspepsia into that from impaired motion and that from defect of secretion; and he maintained that by further subdivision all varieties of true functional dyspepsia might be ranged under these two heads. The difference in origin of the proximate causes was also pointed out, and the treatment of impaired peristalsis was explained at some length. Diet was held to be of great importance; and among remedies, strychnia was foremost. This drug, properly handled, the author affirmed to be almost a specific for relaxation of the gastric muscular fibres.

CHOREA AND ITS TREATMENT.

Dr. Hayden says, in the *Dublin Journal of Medical Science*—

The attack is, in most instances, directly traceable to fright or other emotional excitement of a depressing character, operating upon a nervous and feeble constitution, and at a period of life when the receptive faculties are most sensitive. If I must have a theory of chorea, I should say that the attack commences with vasomotor paresis, resulting from a profound emotional impression, and that the essential symptoms are due to defective polarity or dynamic instability of the motor nerve tracts, both intracranial and spinal. On this hypothesis the vascular congestion, central and peripheral, of the brain and cord, with occasional extravasation, and in inveterate cases, central sclerosis, noted by Dickenson, might be explained.

The history of most cases of chorea, and the success attending a nutritive and tonic plan of treatment, might also be adduced in support of this view of its pathology.

Reasoning from the foregoing premises, I concluded that phosphorus and strychnia combined—the former a nerve nutrient of recognized value, and the latter a nerve tonic of great potency—might prove efficacious in the treatment of chorea. As yet my experience of this plan of treatment has been very limited, extending only to three cases, but so far it has been eminently satisfactory, and I venture strongly to recommend it for further trial. The first of the cases above reported would inevitably have been lost under any other treatment known to me, and death was close at hand, when phosphorus and strychnia were given, in the last resort; under the use and through the efficacy of these agents the child was, within the short period of fourteen days, cured of the disease, which had previously defied treatment.

Both strychnia and phosphorus are already

familiar to physicians in the treatment of chorea. Trousseau had great confidence in the former, pushed to its toxic limits; and the latter was given many years ago by Radcliffe, and is, I believe—or its equivalent, hypophosphite of soda—still given, and strongly recommended, by that eminent physician; but I am not aware that strychnia and phosphorus combined have been previously administered for the cure of chorea. This is, however, a matter of minor importance, in view of the therapeutic result.

TREATMENT OF COLIC.

Phare's method consists in *inversion*,—that is, simply in turning the patient upside-down. Colic of several days' duration has thus been relieved in a few minutes. The patient may take the elbow-knee position, or may lie (face down) on the edge of the bed, with his head and shoulders hanging down. Complete inversion, however, is best. The mechanical aid, in giving vent to gases, is perhaps the most efficient element in the cure.—*Jour. des Sci. Méd.*, 1879, No. 3.

THE ACTION AND USES OF BELLADONNA.

Extracted from a paper by J. R. Gasquet, M.B., in London *Practitioner*:

1. It relieves pain, sometimes very considerably, and I think it will be found that this is usually of local and peripheral, not central, origin. Thus it is often useful in toothache (less markedly, however, than gelsemin,) and in rheumatic or gouty pain; while it has no effect, so far as I know, upon neuralgias of hysteria or other centric affections. Perhaps its effect upon epilepsy is due to its arresting the centripetal stimulus producing the fit. Whether this be so or not, I am inclined to think it has been too much neglected since the use of the bromides; and that, sometimes at least, it has an effect when these fail. It may be advantageously combined with them.

2. Belladonna relaxes spasm of the involuntary muscles. Its effects on the eye belong to a subject which is too special for me to handle; its power of dilating the os uteri, and relieving tenesmus of the bladder and rectum when applied locally, is equally important, but perhaps less well known. A further example of this mode of its action is its influence on constipation, which Trousseau first made prominently known. This action upon involuntary muscles is frequently increased by the anesthetic effect simultaneously exercised by belladonna upon the afferent branches of nerves which originate spasm, as in the cases of whooping-cough and spermatorrhea; in this latter condition I have found it, on the whole, more reliable than the bromides.

3. The power of checking sweat is sometimes very valuable. Dr. Fothergill has recently insisted very

strongly upon the value of belladonna as enabling us to arrest the exhausting sweats of phthisis, and I am quite satisfied that, as a rule, this is beneficial. My own very limited experience, however, leads me to doubt whether it is always an unmixed good to check the sweating of phthisical patients, at any rate when the pyrexia is high and the perspiration seems to be of service in reducing temperature.

I have repeatedly tested the efficacy of belladonna in checking the abundant salivation to which some lunatics are subject, and have always found it act with great rapidity. Its arresting the secretion of milk * and the collection of pus in an abscess are instance of the same kind.

4. I now come to the power which belladonna has of arresting inhibitory action. In medicinal doses it sets the heart free from the controlling action of the vagus, without any other effect upon its innervation. It may therefore to some extent replace or assist digitalis, and may be preferred, if we do not desire to act upon the muscular structure of the heart or to increase the blood-pressure by contracting the arterioles. It seems to be particularly indicated in cases of pure inhibition, and under this head I venture to recommend its trial in the following conditions: In collapse from shock it seems likely to be very useful, and has been recently strongly recommended by an American physician. It would probably be equally successful when the heart's action fails from sun-stroke, or, on the other hand, from exposure to intense cold. So far as I know, no explanation has yet been suggested for those fatal cases of scarlatina, small-pox, and other infectious diseases in which the patient is, as it were, knocked down at once, and dies speedily, often before the rash has appeared. I can not go into the reasons which lead me to think that here, too, we have to do with an instance of collapse from shock; if so belladonna or the hypodermic use of atropin is well worth a trial, and may succeed where all else has failed. Dr. Harley urged its use in the adynamic stage of the infectious fevers, finding it then act as a powerful stimulant; here, also, I suppose it would set the heart's action free. I can less readily understand how it should speedily relieve acute local inflammations, as Dr. Phillips asserts, of tonsillitis and meningitis.

There is another important therapeutical property of belladonna, which is probably due to its checking inhibitory action; I mean its power of neutralizing some of the effects of opium. Without discussing the whole question of the antagonism of these two drugs, I may mention the following cases in which it is useful: When added to a hypodermic injection of morphia it often prevents the nausea and vomiting which this may produce; and when given with an opiate in phthisis it not merely prevents sweating, but appears to keep up the activity of the heart and lungs.

* I have had no personal experience of this effect of belladonna, but considerable doubt was thrown upon it in the course of the discussion which followed.

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D.L.R.C.P., LOND.

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MONTREAL, JULY, 1879.

THE LONGUE POINTE LUNATIC ASYLUM.

In our last issue we felt it to be our duty to defend Dr. Howard, the visiting physician to the Longue Pointe Lunatic Asylum, against the charge which in reality had been made against him by certain of the daily press of Montreal. We did so upon the broad ground that Dr. Howard had stated that the patients discharged at that time (and which it was said were discharged from notions of economy) were those whom, in the exercise of his judgment, were either not fit inmates for the institution or were convalescent, and that his high professional standing entitled his statement to belief. We are glad to know that the opinion we then expressed has received the unanimous approbation of the medical profession not alone in the city of Montreal, but throughout the country. In the course of that article we took occasion to say that heretofore, in our opinion, Dr. Howard occupied an anomalous position, he was simply a prescribing physician; he had no authority either to admit or to discharge, in fact, without authority of any kind, and we now have good reason to believe that it was the altering of his status which led to the subsequent excitement. It is a fact beyond dispute that, since the establishment of the Longue Pointe Asylum, the number of insane persons who have received Government support have increased at an alarming ratio. From the eighty persons or so who were confined in the temporary (so-called) asylum at St. Johns, they multiplied rapidly till nearly 900 patients were supported by the public at the Longue Pointe Asylum. This was, of course, simply the outcome of our abominable farming system, which is a disgrace to civilization, and therefore to our province. In fact, things had reached such a point that, if we are not misinformed, almost one-tenth of the entire revenue of the Province of Quebec was consumed by the Beauport Asylum, and the one now under consideration. It had been going on gradually, the limit of endurance had been gradually stretching, and at length the time arrived

when it snapped. Burst it must have, we think, quite irrespective of party. The result was that the officer of our local administration, whose duty it is to supervise this portion of our Provincial system, could not shut his eyes to the crisis which was upon him. He naturally turned for advice to Dr. Howard, a public officer of the Government, whose experience of twenty years as a mental specialist pointed him out as one who could speak with authority. To suddenly change the entire system in the present financial condition of the Province was perhaps an impossibility, but yet it was possible to so alter things as to put forward the best side of it. One of the first things to be remedied was to prevent the admission of patients to the Asylum without the consent and the sanction of the Medical officer. This was accomplished by the Government issuing an Order in Council that all declarations concerning a patient must be attested before a magistrate; that the papers must be submitted to the Medical officer, and if his approval is received the patient is to be admitted, the contrary if his approval is not secured. Two other Orders in Council were also issued, and their importance and necessity will be admitted, we think, without question when we epitomize them. The first is to the effect that in the first week of every month, the Medical officer is bound to inspect *every* patient in the Asylum, and make report to the Government of those fit to be discharged, and the Government is accordingly to direct their discharge. The second directs the Superioress of the Asylum to show every three months her list of patients to the Medical Officer, who is directed to examine every patient with the vouchers for admission, and, on his certificate, the quarterly government payment is to be made. We need say but little more. That these orders were wise, and that they established Dr. Howard in the position which he should have occupied from the very first, is the opinion of the Medical profession, and they are the most competent judges beyond a doubt. Legislation on the subject is now an order, and we are glad to notice that the Hon. Mr. Chauveau has introduced a Bill before the Quebec Legislature which embraces all the points of the Orders in Council, and which will soon become law. We may then hope things will go on more satisfactorily, but, till we abandon farming out our lunatics, what we call our Lunatic Asylums will, in spite of all precautions, continue to be in some degree—what they have in the past been to an enormous extent—simply Houses of Refuge.

University of Laval at Montreal.—The *L'Union Medicale du Canada* says:—We learn that the understanding that was signed 15th December, 1877, between the University of Laval and the School of Medicine and Surgery of Montreal no longer exists (continues). From the difficulties which have lasted for more than a year, and, moreover, public discussions of the winter, the University of Laval, it appears, thought it necessary to exact that such of the professors as taught in the school have chosen a determined manner between the School and the University Institute, giving them the liberty of appointing professors simultaneously in the two institutions.

The following gentlemen not having chosen the University have ceased to be part of the Faculty of Medicine: Drs. Munro, Trudel, Bibaud, Coderre, D'Orsonnens, Hingston, MacDonell, Desjardins and Beaudry. New professors have been named, with the approbation of the Bishop of Montreal, to fill the vacancies: Messrs. Chs. M. Filiatrault, N. Favard, E. Berthelot, Sévère Lachapelle and H. Derosier. It is also said that Messrs. Azarie Brodeur and A. A. Faucher, now at Paris, and Mr. M. S. Duval are going to join the Faculty.

We hear as we go to press that it was understood with the Bishop of Montreal, before His Lordship's departure, that the Faculty thus re-organized will commence its courses this autumn on the first of October.

THE CANADA MEDICAL ASSOCIATION.

The annual meeting of this association was last year arranged to be held on the 3rd of next September, in London, Ont. Numerous representations having been made to the President that the presence of the Governor General and the Princess Louise in Toronto at that time would prevent many from attending who desire to be present, it has been decided to postpone the meeting till the 10th of September. We direct particular attention to the change of date, and hope that this will be a successful meeting.

DIFFERENTIAL REGISTRATION FEES.

At the late meeting of the Ontario Medical Council, a by-law was passed making a general registration fee of \$400, and granting a rebate of \$350 to Canadian graduates. This is intended to prevent British graduates and Canadian M.D.'s possessing British qualifications, from practising in Canada,

except on payment of a registration fee of \$400. We question, however, very much, whether such an arrangement as this will hold water. We believe it is *ultra vires*. The Act provides that all who have received their qualifications prior to the 1st of July, 1870, shall be admitted on payment of a registration fee of \$10, and no differential registration fee was contemplated.—*Toronto Lancet*.

HONORS TO A SURGEON.

The London *Gazette* of the 17th notifies that the Queen has been graciously pleased to signify her intention to confer the decoration of the Victoria Cross on Surgeon-major James Henry Reynolds, Army Medical Department, "for the conspicuous bravery, during the attack at Rorke's Drift on January 22 and 23, 1879, which he exhibited in his constant attention to the wounded under fire, and in his voluntarily conveying ammunition from the store to the defenders of the hospital, whereby he exposed himself to a cross-fire from the enemy both in going and returning."

THE ABORTIVE TREATMENT OF BUBO.

The following plan is that adopted by the French surgeon, Malplaquet:—

The cuticle over the swelling having been removed by blistering fluid, to the extent of a shilling piece, a scrap of lint steeped in a saturated solution of perchloride of mercury was applied to the raw surface, with a linseed poultice over all, and left for about twenty-four hours. When again seen, a grayish eschar was found to have formed, and we had occasion to notice that the firmer was this eschar the more certain and speedy was the good result. After two or three days' poulticing, a clean, shallow, granulating depression only remained for treatment, and readily healed by simple means, the swelling itself having meanwhile quite disappeared.

CASES IN PRACTICE.

Dr. W. A. Duckett of Montreal, assisted by Drs. Nelson, removed at one sitting 99 ounces of serous fluid from the right lung sac of a man recently. Relatives would not consent to tapping until the last moment. Patient is now doing very well. Quantity above mentioned was carefully measured. Erichsen reports having removed 90 ounces.

THE EFFECTS OF THE USE OF QUININE ON HEARING.

The belief is general among the laity that the prolonged use of quinine affects the hearing. Medical men have generally disbelieved this, and attributed the notion to prejudice. Dr. Roosa, of New York, has been examining the evidence, such as he can procure, and is inclined to believe that in some cases there is a permanent nervous affection of the ear produced, which justifies the opinion of the laity.

W. H. SCHIEFFELIN & CO.'S SOLUBLE PILLS.

Among the pharmaceutical preparations of the day the "soluble-coated pills and granules" of W. H. Schieffelin & Co., of New York City, deserve a high position. The coating is an inert soluble compound, dissolving upon the tongue in all cases within thirty seconds, entirely tasteless, perfectly transparent and colorless, thus disclosing to the eye the exact color and appearance of the pill-masses. We have examined a number of varieties and can recommend them.

THE VOICE.

"The Voice" for July contains a paper on "Stuttering" written by the editor and read before the Albany Institute, which is the first learned society in America before which the subject has been brought. The causes, effects, manifestations, cure and early history of the malady are treated in an able manner, and speech-sufferers will find in the address much valuable information. It should be read by every person afflicted with defective utterance. The remarks of the members of the Institute are interesting.

Mr. Robert M. Zug contributes a paper, "Curing Stuttering," it being the results and experience obtained by the treatment of 150 cases. The special notice of persons professing to cure stuttering is called to this article.

The careful consideration of the medical profession is asked for the chapter from Klencke, who says that all the stutterers he has met were tainted more or less with scrofula. Published at Albany, N. Y., \$1 a year; sample copy, 10 cents.

JOHNSTON'S FLUID BEEF.

The value of this preparation above all others of like character has been generally acknow-

ledged by the Profession, the Food Analyst to the British Government declaring it to be the most perfect Food he ever examined. Mr. Johnston is at present engaged in filling an order from the British Government (for some \$25,000 worth of his Preparation) for the use of the troops engaged in the Zulu war. While the intrinsic value of such order is no unimportant feature, Mr. Johnston may be congratulated more especially upon the fact that it signifies approval of his preparation by, admittedly, the most fastidious Commissariat in the world. The *London Lancet*, speaking of Johnston's Fluid Beef, says:—"The peculiarity of this preparation is that the ordinary Extract is mixed with a portion of the muscular fibre in a state of such fine division that the microscope is required to identify it. It is unnecessary to say that the actual food value of the Beef Tea is greatly increased by this admixture, and the medical profession have now a Fluid Meat which is comparable in nutritive power to the solid. The new preparation is excellent in flavor, and we cannot doubt that it will be very extensively used. We have used this preparation largely, and with good results, and have much pleasure in heartily recommending it."

Dr. Godfrey has resigned the Professorship of Hygiene in McGill College Faculty of Medicine. Dr. Gardner, Professor of Medical Jurisprudence, has accepted the appointment of Lecturer on Hygiene, and will lecture on both branches. The Professorship of Hygiene has been therefore abolished.

PERSONAL.

Dr. Robitaille (M.D., McGill College, 1860) has just been named Lieutenant-Governor of the Province of Quebec, in place of His Honor Luc Letellier de St. Just, removed.

W. Manley Lory, L.S.A.L., M.R.C.S., Eng., of Buddle Park; Exwick, Exeter, Devon, England, has visited Montreal twice this summer as surgeon of the S.S. "Texas," of the Dominion Line. Mr. Lory will enter the Royal Navy soon.

Dr. Herbert L. Reddy (M.D., McGill College, 1876) has just returned to Montreal after nearly three and a half years absence,

being engaged during that period in the study of his profession, the last twelve months being spent in Vienna. He purposes practising in Montreal.

Dr. Vineberg, the gold medalist of McGill College, Session 1877-78, who began practice in Montreal a little over a year ago, sailed for England in the S.S. Brooklyn of the Dominion line, the end of July. From England he proceeds to Australia, in the hope that the voyage and the climate may restore him to health, which on his departure was far from strong. Should such be the case, he may possibly select our sister colony as the sphere of his future work. Dr. Vineberg leaves Montreal carrying with him the best wishes of all who have known him.

John B. Lawford, M.D., C.M., McGill University, 1879, passed his primary professional examination before the Royal College of Surgeons, of England, for the diploma as member, on the 9th inst.

David F. Gurd, M.D., C.M., McGill University, 1879, passed before the Royal College of Physicians of London, and received the License of the College on the 9th inst.

REVIEWS.

Essays in Surgical Anatomy and Surgery.

By JOHN A. WYETH, M.D. New York: WILLIAM WOOD & Co. Montreal: JOHN M. O'LOUGHLIN.

This volume, which is neatly got up, consisting of upwards of three hundred pages, is a compilation of five papers written from time to time by the author, and for three of which he has obtained prizes. The first two essays are entitled "the Surgical Anatomy and History of the Common, External, and Internal Carotid Arteries; and the Surgical Anatomy and History of the Innominate and Subclavian Arteries."

These essays show a vast amount of original research, as may be judged from the single fact that the branches of the external carotid artery were accurately measured and defined in the enormous number of 121 dissections. Statistical tables of ligations of the great vessels of the neck are also given, all with a view to formulating certain deductions regarding operations on these vessels in various surgical conditions. Thus the important conclusion is arrived at, that the operation of tying the common carotid, as ordinarily recommended for lesions of the

external carotid, is not justifiable when this last vessel can be ligatured; that is, when there is sufficient room for the application of the ligature between the lesion and the bifurcation of the primitive carotid. The author feels justified in taking this strong ground, in view of the startling fact that the death rate from ligature of the common carotid is (forty-one) 41 per cent; while that of the external carotid is only (four and one-half) $4\frac{1}{2}$ per cent. As to the method of tying the external vessel, the ligature may be applied in one of two positions, namely, between the origins of the superior thyroid and lingual, about one-quarter inch above the bifurcation, or between the facial and posterior auricular, about one inch and a half above the thyroid cartilage. When the artery is normal in course and distribution it might be well to place the ligature nearer the lingual than the bifurcation, and as a precautionary measure, tie the lingual separately. It is remarkable, when we take into account the number of branches given off by this vessel, how few cases of secondary hemorrhage are recorded, as following ligature of the external carotid.

As to the internal carotid artery the author concludes that, in the majority of cases, it will be sufficient to ligature this vessel alone in all intracranial lesions involving it or its branches. Moreover that aneurism of the internal carotid should be treated by ligature of this vessel alone, providing that sufficient space exists between the tumor and the bifurcation to admit the ligature with safety. In cases of wound of this trunk in the neck a ligature should be placed above and below the lesion, as secondary hemorrhage is very liable to occur by means of the circle of Willis.

In certain forms of epilepsy the author would suggest deligation of both vertebral arteries, with a view to arresting the flow of blood through the medulla oblongata, the arterials and capillaries of which ganglion are thought by Niemeyer and others to be constantly dilated in this disease.

Further Dr. Wyeth suggests that, in persistent and exhaustive neuralgia of the fifth nerve, when everything else has failed, ligature of the common carotid may be practised. In hemiplegia or headache, however, this is not justifiable. Under no circumstances should both common carotids be ligatured simultaneously, an interval of one week at least being allowed, the danger being less as the interval is greater.

Speaking of the surgical history of the arteria innominate, the author believes "that judicious

venesection, persistent and perfect rest in bed, restricted diet, careful medication, combined with a determination on the part of both patient and surgeon to succeed, is safer and more certain of success than either nature or the ligature."

A very large space is devoted to the literature of the subclavian artery. From it we glean that, in aneurisms of the axillary region, the ligature (which is fatal in 40 per cent.) should not be attempted until a persistent trial is made of digital or mechanical pressure, combined with the other measures adopted in such cases. Simultaneous ligation of the subclavian and carotid arteries for relief of aneurism on the cardiac side of these ligatures is thought to be of questionable propriety, although, if determined upon, the carotid should be first tied, and, after an interval of some weeks, the subclavian in its third division.

The remaining essays on the surgical anatomy of the Tibio-tarsal Region, of the Obturator Artery, and of the Hip-joint, are certainly excellent, but pale before the brilliancy of their associates. The first-mentioned has special reference to amputations at the ankle joint, the conclusions being deduced from eighty-seven consecutive dissections. The author goes to some trouble to prove that the incision in Syme's amputation, which interferes least with the blood supply of the heel flap, is one a little in front of that which would be represented by a line drawn from the tip of one malleolus to the other. The objection which has always been raised against such an incision is the great difficulty experienced in dissecting so long a flap over the uneven and often much elongated os calcis.

The volume undoubtedly contains much to interest and instruct the surgeon, and the deductions have been reached after such a series of careful dissections, that one feels perfectly safe in accepting them.

American Health Primers.—No. 1: Hearing and How to Keep it. By CHARLES H. BURNETT, M.D. No. 2. Long Life and How to Reach it. JOSEPH G. RICHARDSON, M.D. Philadelphia, LINDSAY & BLAKISTON; Montreal, DAWSON BROS.

We some time ago announced that a series of American Health Primers were to be published during the year by Lindsay & Blakiston, and the two volumes above titled are the first of the series. Their designation is certainly attractive, and must

captivate the public eye, for who does not want to have good hearing, and know how to preserve it, but above all, "who does not wish long life," and what more valuable than to know "how to reach it."

Both volumes are exceedingly well written, the first, perhaps, too scientific for the general public, but the subject cannot well be brought down to the actual level of the masses. The second volume appeals directly in almost every page to the common-sense of the reader, and is, therefore, the most interesting of the two. Such books cannot be too widely circulated, and we ask our subscribers to engage in the work of their distribution by recommending them to their patients.

Physics of the Infectious Diseases. Comprehending a discussion of certain physical phenomena in connection with the acute infectious diseases. By C. A. Logan, A.M., M.D. Chicago, Jansen, McClurg & Co., 1878.

This is one of those books that must be read very slowly and carefully to be appreciated. We believe we have read it in this way, small sections at a time, and have enjoyed it amazingly. We have, moreover, gained a very large amount of information concerning a vast extent of country of which we hear but comparatively little, and know still less—we mean South America. Its medical features are a *terra incognita*. Dr. Logan, having been appointed United States Minister to the Republic of Chile availed himself of a several years' residence to work out, or at least attempt to work out, ideas which he had previously entertained, as to the effect certain electrical conditions of the atmosphere—especially when they are constant—have on the presence and course of infectious diseases. To attempt to illustrate the views he holds is impossible within the limits of our notice. We may, however, indicate its course by stating that that portion of the Continent is remarkably free from all epidemics—it is seldom free from the effects of strong electrical influences, indeed in some parts, were it not that the inhabitants are in the habit of killing each other in revolutions, the longevity would be extraordinary. Each section of the country is briefly reviewed, and some interesting and amusing facts are given concerning some of its principal cities and ports. Speaking of the town of Payta on the coast of Peru, Dr. Logan, says:

"Payta is but a port for the interior, and for the commonest necessities of life is dependent upon the back country and the ships which visit it regu-

larly. The soil is composed entirely of sand; and vegetation in any natural form does not exist, if we except the small forms of vegetable life which have an ephemeral existence after a phenomenal rain. An amusing incident grew out of this circumstance, which the *Paytaguinos* appreciate as highly as the traveller who visits them. Several of the inhabitants having died, from time to time, of old age and violence, it was thought necessary to have a graveyard; and accordingly a small piece of ground was fenced in with close-boards. To relieve the natural lack of verdure, an artist was employed to paint trees and shrubbery on the fence, which he did with much skill, and greatly to the admiration of the people. An unforeseen difficulty, however, soon presented itself. The entire *mule* population of the vicinity made a rush for the shrubbery, and inflicted great damage by constantly gnawing the fence. Their forays were prevented, at length, by painting the foliage of a *blue* color; and the board fence and blue trees are the first objects the traveller now witnesses, upon approaching Payta from the sea."

We commend the book as being an interesting and instructive one—capable of suggesting many thoughts—the practical value of which is very doubtful.

The Laws of Therapeutics or the Science and Art of Medicine. By Joseph Kidd, M.D. Philadelphia, Lindsay & Blakiston, Montreal, Dawson Brothers.

This is a clearly written volume upon a subject of much interest to all who desire to place the Science and Art of Medicine on a sure foundation. The various medical doctrines which at different times have governed medical practice are described, and their attendant history given. He recognises two therapeutic laws, *contraria contrariis* and *similia similibus*, and into the description of them he enters at some length. He does not seem to be a blind follower of either, but, like a practical physician, seeks out the cause of disease and attempts its removal. These various laws are illustrated by many cases, which make up not the least valuable part of the book.

The Transactions of the American Medical Association. Vol. XXIX, 1878.

This is a ponderous volume of fully twelve hundred pages, well printed, and produced in good style. To critically examine its contents is impossible within a reasonable period and not necessary. It reproduces in extenso the proceedings of the Association, with all the papers read at the meeting held at Buffalo in May, 1878. This is admitted to have

been one of the most successful meetings that the American Medical Association ever held. If we add a word more, it is simply to draw attention to the Necrological Section which, with much profit, might be abbreviated. It is absolute nonsense, and sheer waste of time and good paper and printer's ink to state how many times a deceased member was married, how many children he had by each wife, who they married, and how many children each had; yet many pages are occupied by this kind of information. The volume is a ponderous one, and might be diminished a little by the omission of that kind of information.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, June 13, 1879.

A regular meeting of the above Society was held this evening. The President, Dr. Henry Howard, in the chair.

There were present: Drs. Henry Howard, R. P. Howard, Molson, Kennedy, Wm. MacDonald, Richard McDonnell, Osler, Baynes, Loverin, Vincberg, Smith, W. H. Burland, Alloway, Trenholme, Bell, Blackader, Hingston, Proudfoot, Gardner, Roddick, Fenwick, Ritchie, Guerin and Edwards.

The minutes of last regular meeting were read and on motion approved.

The following gentlemen were balloted for and unanimously elected members of the Society: Drs. Spencer, Jenkins, Imrie and Sutherland.

Dr. OSLER exhibited as pathological specimens, 1st. A case of strangulated hernia, a patient of Dr. Fenwick, aged 40. The bowel had passed into the inguinal ring. The patient died from perforation of the bowel just above the point where it was nipped. The patient had undescended and atrophic testicles; the right was near the inguinal canal, the left higher up. There were no traces of spermatozoa in the seminal tubes of the testes nor in the vesiculæ seminales, but certain of the coils were filled up with inspissated mucus. The testicles were the size of almonds. Where the bowel was nipped the tissues were in a necrotic condition.

Dr. FENWICK remarked that at the time of operation he knew there was no testicle in the right side, but had not examined the left. The bowel had been down for four days, and the operation should have been performed earlier but the patient would not consent to it. At the time of operation the bowel looked quite healthy and was passed back easily. One point of interest was the existence of a pouch of peritoneum extending into the ring on the opposite side.

without any descent of the testicle. Dr. Fenwick further stated that Mr. Annandale had operated in a case in which the testicle was in the perinæum, returned it into the scrotum and retained it there.

Dr. HINGSTON remarked that we can never regret operating too early in these cases, and thought we should not be afraid of returning the intestine though it looks gangrenous. He cited a case occurring in the practice of Dr. Munro some twelve years ago, where after the operation several inches of intestine sloughed and passed per rectum. The larger the amount out the less the risk, but the time between strangulation and the operation was of the greatest importance.

Dr. FENWICK said in his opinion, if there was the slightest appearance of an unhealthy condition, he would not return the intestine. It is better then to stitch it, open the bowel, and subsequently it could be closed. In this case it was darkish from congestion, but it had not the dull appearance indicative of mortification.

Dr. KENNEDY asked if the atrophy of the testicles was recent or of long standing.

Dr. OSLER said probably of long standing. According to authorities most of the cases on record have been sterile. In no recorded cases were spermatozoa found in the testicles. Many of these have had the power of erection and copulation, but in almost all cases they are sterile. The condition of undescended testicle is very common in horses. In the past sixteen years an Illinois farmer has devoted himself to operating on cryptorchids in horses, with much success. These stallions are not sterile.

Dr. R. P. HOWARD remarked that it was an interesting question why cryptorchid horses possessed the power of procreation while it is absent in man. Testicles lodged within the inguinal ring are often the cause of malignant disease in the same. It is a rule in surgery if there was the smallest testicle present, not to remove it, as the smallest portion will render the possessor prolific. He asked in this case if it was a general atrophy or arrested development.

Dr. OSLER replied that not many of these cases had been dissected, that many may be instances of arrested development.

Dr. ALLOWAY presented a case of cancer of the uterus and read a short account of the case. The patient, aged forty-three, had had fourteen children. Was delicate for the past four years. The last child was born six years ago. She was treated eight

years ago for ulceration of the womb. For the past six years she had had a continued bloody discharge aggravated at the regular terms, and had also in addition some attacks of severe hemorrhage. She was first treated in July last by Dr. Alloway for such an attack. The uterus was at first plugged with a sponge tent dipped in a sol of tr. ferri perchlor.; afterwards the interior of the uterus was cauterized with nitric acid. For a time she was benefited, but attacks of a similar kind followed subsequently, death ensuing. Vomiting was a most distressing symptom throughout.

Dr. OSLER stated that on opening the abdomen at the autopsy the first thing noticeable was a kidney of enormous size, situated on the right side. On removal and examination it proved to be cystic dilatation. The calices were expanded and the cavities distended with pus. This condition had arisen from constriction of the ureter an inch before it enters the bladder, being involved in the fibrous induration about the neck of the uterus. The cervical portion of the uterus is ulcerated. At the neck there is fibrous induration and constriction of the part. There is well-marked cancerous structure in certain parts.

Dr. RICHARD MACDONNELL then read a paper on "Three Cases of Malignant Disease."

Dr. R. P. HOWARD said, regarding the case in the paper of Cancer of the Stomach he had seen it in consultation with Dr. MacDonnell several times, and once with Dr. G. W. Campbell as well. The stomach was not thought of but the colon was the part that was considered diseased. What was supposed to be a tumor in that region turned out afterwards to be merely a mass of feces. There was never any hæmatemesis, and for several weeks the stools were black. Though on post-mortem examination there proved to be a large ulcer in the stomach, gastric phenomena were entirely absent. He considered it an ulcer which had undergone secondary degeneration. Dr. Howard mentioned a case of special interest, illustrating the wide difference there may be at times in the diagnosis of a case. A relative of his own had been under observation of Dr. G. W. Campbell and himself for six months, their opinion being that the patient was suffering from malignant disease. This patient visited London, and was seen by Dr. Wilson Fox and Sir Wm. Gull, the first gentleman diagnosed leucocythemia, the second ulcer of the stomach. Subsequently Dr. Murchison was consulted and pronounced it abscess of the liver. Death settled the division of opinion

by revealing a large pancreas encroaching on the stomach.

Dr. TRENHOLME said he had seen three cases of what proved to be cancer of the stomach, showing during life very slight symptoms referable to that organ.

Dr. RODDICK, referring to one of Dr. MacDonnell's cases, stated in his opinion that, where pregnancy exists, and the breast becomes involved, it was well to operate and do so early, as the disease increased rapidly.

Dr. HINGSTON expressed the view that the operation should not be performed on the ground that the disease is growing rapidly and there is a risk of inducing premature labour. He had a case three years ago of scirrhus of the breast during pregnancy at the 5th month. He operated, and the patient was afterwards confined at the usual time and died a few months afterwards, the disease having returned. If it is genuine scirrhus it is sure to return, why, then, should the life of the child be exposed by operating.

Dr. R. P. Howard considered that Dr. Hingston's experience condemned his theory, as the women operated on did not die at the time of the operation.

A vote of thanks to Dr. Richard MacDonnell was moved by Dr. HINGSTON, seconded by Dr. TRENHOLME, and carried.

A vote of thanks to Dr. Alloway, was moved by Dr. R. P. HOWARD, seconded by Dr. FENWICK, and carried.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,
Secretary.

MONTREAL, June 27, 1879.

A regular meeting of this Society was held this evening. In the absence of the President Dr. Kennedy, 2nd Vice-President, occupied the chair.

There were present: Drs. Kennedy, Ritchie, F. W. Campbell, Wilkins, Roddick, Fenwick, Ross, Smith, Osler, Trenholme, Loverin, Imrie, Bessey, Hingston, Vineberg, W. H. Burland, Guerin, Buller and Edwards, &c.

The minutes of last meeting were read and approved.

Dr. OSLER exhibited:

1st. A specimen of cirrhosis of the liver, illustrating in a remarkable manner one method of collateral circulation in this affection. The large reni, size of

the little finger, passed from the under surface of the liver in the round ligament to the navel. Here it did not communicate with the superficial epigastric veins but joined the deep ones of the left side, which were enormously dilated and opened into the external iliac vein by a trunk, nearly as large as the index finger. The cirrhosis was of an unusual variety, the increase in the fibrous tissue being confined to the larger divisions of Glisson's Sheath, and the resulting constrictions enclosed large smooth projecting areas of the liver substance. The primary divisions of the portal vein were very considerably stenosed, and the vein in the round ligament passed off just in the same direction as the umbilical vein of the fœtus.

The woman died of pneumonia after admission to Hospital, and there was no ascites or active symptoms pointing to liver trouble.

2nd case was a still-born child delivered by Dr. Trenholme at the 8th month. The mother had had a fall in January and another in March, the latter rather severe, but no particular symptoms followed. It presents a remarkable series of malformations: 1st. Hydrocephalus; 2nd, spina bifida of superior dorsal region; 3rd, an umbilical hernia in which all the abdominal organs are lodged, with the exception of the kidneys and rectum—the sac was formed of a clear translucent membrane—the cord was attached to the left side; 4th, double talipes varus; 5th, left arm terminates two inches below the elbow in a pointed extremity; 6th, in the circulatory system the right ventricle gave off a vessel which supplied the lungs by two small branches, then formed the descending aorta, giving off first the left subelavian artery; the left ventricle gives off a small, a comparatively small, vessel which breaks up into the right and left carotid and right subelavian. There is imperfection of the ventricular system, and the aortic and pulmonary orifices are guarded by only two valves; 7th, the adrenals are situated at the lower end of the kidneys, and the renal arteries are given off from the mesenteric.

Dr. HINGSTON read a paper on "Sewer Poisoning," with special reference to the sewer system of Montreal.

After some discussion by several members a vote of thanks to Dr. Hingston was moved by Dr. OSLER, seconded by Dr. LOVERIN, and carried.

The meeting then adjourned for one month.

OLIVER C. EDWARDS, M.D.,
Secretary.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

AMERICAN PHARMACEUTICAL ASSOCIATION.—The twenty-seventh annual meeting will be held in the city of Indianapolis, Indiana, on the second Tuesday in September (being the 9th day of September), 1879, at 3 o'clock P. M.

Arrangements are being made by the pharmacologists of Indianapolis to get a reduction of fare from all parts of the United States and Canada, and there will, no doubt, be a large gathering.

Indianapolis is of easy access from all parts of the country, a great railroad centre, and pleasantly located. Our friends in the West will give us a hearty welcome, and try and make our stay as enjoyable as possible.

It has been some years since the association held its meeting in a Western city, and we may count upon large accessions to our membership. It is also expected that a large number of our friends from the South and Southwest will avail themselves of this opportunity to attend the meeting, who were unable to be present at the Atlanta meeting in consequence of the postponement of the same, or the unavoidable cause arising from the then but recent afflictions of the Mississippi Valley.

Mr. Eli Lilly, the Local Secretary at Indianapolis, will be pleased to correspond with exhibitors or receive articles for exhibition and make arrangements for the display of the same.

The chairmen of committees, and all members who have accepted queries, or who have observations to communicate, are requested to have their reports ready at the first session, and to communicate with the Committee on Papers and Queries.

Particular attention is directed to the still incomplete centennial fund. The contributions to this fund have been very limited by the members, and yet it is one of great importance to the Association, as well as to the researches of science. Let every member of the Association, and local Pharmaceutical Association as a body, contribute something to this fund, and it will be a lasting monument to the American Pharmaceutical Association, to the generosity of the druggists of Philadelphia, and to the members of this Association.

G. J. LUHN, *President.*

Charleston, S. C., June 10, 1879.

ARTIFICIAL FRUIT ESSENCES.—Prof. John M. Maisch publishes the following article on Artificial Fruit Essences in the *American Journal of Pharmacy* for March:

Fourteen years ago, Kletzensky published formulas for fifteen different fruit essences which, in 1867, were republished by several journals. Several of these formulas were again produced in the last volume of the *Confectioners' Journal* without any alterations, except that in the essence of apple the quantity of oxalic acid was reduced from 1 to $\frac{1}{2}$

part, and glycerin from 4 to 2 parts; in essence of raspberry, the succinic acid was entirely omitted, and essence of peach was directed to be made of 2 oz. of oil of bitter almonds, 1 oz. of acetic ether and 2 pints of alcohol, but the latter product has evidently the flavor of peach kernels accompanied by a slight fruit odor. The flavor of peach fruit may be imitated by using 5 parts each of acetic-butyric and amylacetic ethers; $\frac{1}{2}$ part (or less) of methyl-salicylic ether (oil of wintergreen); 2 or 3 parts of oil of bitter almonds; and 80 or 100 parts of alcohol.

Kletzensky's formulas for the extracts of *strawberry* and *raspberry* are much improved by adding from 20 to 10 per cent. of tincture of orris root. If desired the rather acid taste of this tincture may be removed by precipitating the resin, and if solution of acetate of lead is used for this purpose the filtrate should be carefully freed from any excess of lead by sulphuretted hydrogen or by agitation with solution of sulphate of sodium, which salt, being insoluble in the alcoholic liquid, will not impart to it its peculiar saline taste. The tincture of orris may probably be conveniently replaced by an alcoholic solution of the oil of orris, which has been an article of commerce for some years past.

Since several very important errors had crept into the formulas of Kletzensky as published in 1867, some of which are, however, readily corrected, it has been thought best to republish all the formulas from Wittstein's *Vierteljahrsschrift*, xvi., p. 268. These formulas are given in *parts by measure for 100 parts of alcohol*, and whenever acids are used, they are to be previously dissolved in alcohol.

Essence of Apple.—Aldehyd, 2 parts; chloroform, acetic ether, nitrous ether and oxalic acid, each 1 part; glycerin, 4 parts; amyl-valerianic ether, 10 parts.

Essence of Pear.—Acetic ether, 5 parts; amyl-acetic ether and glycerin, each 2 parts.

Essence of Cherry.—Benzoic ether, acetic ether, each 5 parts; glycerin, 3 parts; cænanthic ether and benzoic acid, each 1 part.

Essence of Black Cherry.—Benzoic ether, 5 parts; acetic ether, 10 parts; oil of perisco (peach kernels) and benzoic acid, each 2 parts; oxalic acid, 1 part.

Essence of Peach.—Formic ether, valerianic ether, butyric ether, acetic ether, glycerin and oil of perisco, each 5 parts; aldehyd and amyl alcohol, each 2 parts; sebacic ether, 1 part.

Essence of Apricot.—Butyric ether, 10 parts; valerianic ether, 5 parts; glycerin, 4 parts; amyl alcohol, 2 parts; amyl-butyric ether, chloroform, cænanthic ether, and tartaric acid, each 1 part.

Essence of Plum.—Glycerin, 8 parts; acetic ether and aldehyd, each 5 parts; oil of perisco, 4 parts; butyric ether, 2 parts, and formic ether, 1 part.

Essence of Grape.—Cænanthic ether, glycerin, each 10 parts; tartaric acid, 5 parts; succinic acid, 3 parts; aldehyd, chloroform and formic ether, each 2 parts, and methylic salicylic ether, 1 part.

Essence of Currant.—Acetic ether, tartaric acid, each 5 parts; benzoic acid, succinic acid,

benzoic ether, aldehyd, and cœnanthic acid, each 1 part.

Essence of Strawberry.—Butyric ether and acetic ether, each 5 parts; amyl-acetic ether, 3 parts; amyl-butyric ether and glycerin, each 2 parts; formic ether, nitrous ether and methyl-salicylic ether, each one part.

Essence of Raspberry.—Acetic ether and tartaric acid, each 5 parts; glycerin, 4 parts; aldehyd, formic ether, benzoic ether, butyric ether, amyl-butyric ether, acetic ether, cœnanthic ether, methyl-salicylic ether, nitrous ether, sebacylic ether, and succinic acid, each 1 part.

Essence of Pineapple.—Amyl-butyric ether, 10 parts; butyric ether, 5 parts; glycerin, 3 parts; aldehyd and chloroform, each one part.

Essence of Melon.—Sebacylic ether, 10 parts; valerianic ether, 5 parts; glycerin, 3 parts; butyric ether, 4 parts; aldehyd, 2 parts; formic ether, 1 part.

Essence of Orange.—Oil of orange and glycerin, each 10 parts, aldehyd and chloroform, each 2 parts; acetic ether, 5 parts; benzoic ether, formic ether, butyric ether, amyl-acetic ether, methyl-salicylic ether, and tartaric acid, each 1 part.

Essence of Lemon.—Oil of lemon, acetic ether, and tartaric acid, each 10 parts; glycerin, 5 parts; aldehyd, 2 parts; chloroform, nitrous ether, and and succinic acid, each 1 part.

The different manufacturers of artificial fruit essences doubtless prepare them by formulas of their own, and this explains the difference in the flavor, which is particularly noticeable on largely diluting them with water. If the essences have been prepared with a dilute alcohol their odor is more prominent, and they are apparently stronger; but, on mixing a small quantity with a large quantity of water in given proportions, the true flavoring strength may be better discerned.

A fruit essence, which is much employed in the United States, is *essence of banana*; it consists usually of butyric ether, and amyl-acetic ether equal parts, dissolved in about 5 parts of alcohol.

The red color of strawberry and raspberry essence is produced by aniline red (fuchsin), the bluish tint of which is conveniently neutralized by a little caramel. If caramel alone is used for coloring essences a yellow or brown color is obtained, according to the quantity used.

The *Confectioners' Journal* gives formulas also for the following essences:—

Essence of Blackberry.—Tincture of orris-root (1 to 8), 1 pint; acetic ether, 30 drops; butyric ether, 60 drops.

Essence of Nectarine.—Extract of vanilla, 2 parts; essence of lemon, 2 parts; essence of pineapple, 1 part.

GELSEMIUM FOR HECTIC.—Practical experience with gelsemium in small doses has long shown its influence upon the circulation and its sedative effect in certain neuralgias. It has also been shown to have a sedative effect upon the respiratory centres. From these facts it ap-

peared to Dr. Edgar Holden that it should act favorably in the treatment of a respiratory affection characterized by irritation, as Dr. Holden believes the hectic of phthisis is, and having its seat and origin in the pulmonary tissues. In a very large number of cases it has not failed, and Dr. Holden has found that, even after the failure of favorite and well-known remedies, doses of two drops of the fluid extract, or 10 to 12 of the tincture every two hours, will, in most instances, within forty-eight hours, arrest the chill, moderate the cough, and allay the fever. The period of administration, however, is not always so short. It may be used continuously, if necessary, to maintain sedation, and without interference with other medicines or effect upon digestion or the excretions. It should be added that exceptions are likely to occur in cases with mesenteric complications and colliquative diarrhœa, and while, not contra-indicated, it may sometimes disappoint expectations.—*Dublin Journal of Med. Science.*

THERE are now 13,309 registered chemists and druggists in Great Britain, of whom about 28 per cent. have passed the minor examination, showing an increase of 3.85 per cent. for the past two years. Ten per cent. of the total number have passed the major examination, and have thus become qualified to take the title of "Pharmaceutical Chemist." The number of such persons now on the register is 1,346.

SCANDIUM, A NEW ELEMENT.—F. L. Nilson has succeeded in separating from the ytterbium group of earthy metals a new one, which, although not yet obtained in a pure state, has nevertheless been shown to be a new element by its spectrum deviating from that of all other known bodies. The author proposes for it the name *Scandium*, since it occurs in the mineral gadolinite or euxenite, which are only found in the Scandinavian peninsula.—*Ber. d. Deutsch. Chem. Ges.*, 1879, 554.

A NEW PRESERVING AGENT. (H. JANNARCH.)—In the course of a series of experiments made for devising a method of separating the crystallizable sugar from the molasses, a double salt of borate of potassium and sodium was accidentally formed, which exerted an antiseptic influence on the sugar. Further experiment showed this salt to be a most powerful antiseptic agent. It is now being made in larger quantities by dissolving in water equal parts of chloride of potassium, nitrate of sodium, and boric acid, and evaporating to dryness after filtering. The salt obtained is, of course, not a pure borate, but a mixture of potassio-nitric borate, potassium nitrate and sodium chloride. Its action is very prompt, and continues undiminished for a long time. It has no injurious effect either as regards taste or smell or healthiness of the substances impregnated with it. It is easily soluble in water, and quite deliquescent, so that it has to be kept in closely stoppered bottles. It is at present sold for 25 cents a pound.—*Deutsch. Gew. Zeit. in Scient. Amer.*

ERGOTININE OR CRYSTALLIZED ERGOTINE.—M. Depaul presented to the academy a paper by M. Taure upon a new crystallized alkaloid which he has extracted from ergot, and named ergotinine. This alkaloid constitutes about one hundredth part of ergot, and gives it its hemostatic properties. It has been employed in uterine hemorrhages in doses not exceeding four miligrammes in twenty-four hours, and its action is precisely the same as that of ergot. (*Gazette Obstétricale*).

EUCALYPTUS AS A PROTECTION FROM FLIES.—An Eastern journal says, that if a doctor's horse is rubbed with eucalyptus leaves on those parts liable to the bites of flies, the insects will avoid them. Whether other horses than those of doctors can be so protected, is not mentioned. A writer in the *Melbourne Medical Record* recommends the oil of eucalyptus for the same purpose. He prepares it by saponifying an ounce of the oil with two or three drachms carbonate of soda in a water bath, and adding a quart of water. The animal is sponged slightly with the liquid before harnessing. The scent lasts several hours, during which time no fly will disturb him. The same sprinkled over the pillow by an atomizer protects a patient from flies. If this be so, it would be exceedingly valuable in hospitals.

THE DEGREE OF HEAT FATAL TO TENIA AND TRICHINA.—Professor Edward Perroncito, of Turin, communicates to the *Boston Med. and Surg. Journal* the results of an extended series of experiments on the degree of heat fatal to parasitic helminths and their germs. The cysticerci and scolices of various species of tenia, the trichina free and encysted, the filaria, the strongylus, etc., were made the subjects of careful and repeated observations. He found that they died, without exception, before the temperature of the liquid containing them reached 50° Cent., equal to 122° Fahr. The point of elevation which proved fatal with remarkable uniformity was 48° C., or 118.4° F. Five minutes' exposure to a temperature of 50° C. he regards as invariably fatal. The experiment of swallowing the cysticercus after exposing it to that temperature, was tried by a number of courageous students, without ever producing a tenia. A much higher temperature has been generally supposed to be necessary for the purpose. But the experiments of the learned professor appear to settle the question of the entire innocuousness of food infested by parasites, after exposure to a degree of heat much below the boiling point of water (so far at least as the parasites are concerned).

HOW TO DEPRIVE IODINE OF ITS STAIN (Ex. Am. Jl. Med. Sciences).—Add a few drops of carbolic acid to the tincture and it will not stain; moreover, the tincture is more efficacious, and its action more certain. M. Boggs recommends the following formula for use in injections: Alcoholic tincture of iodine, 3 grammes; carbolic acid, 6 drops; glycerine, 30 grammes; distilled water, 150 grammes.

ELIOTROPINA.—The eliotropina europœum is an

indigenous plant, and grows in sterile places and among stones. This plant contains a rather sour and corrosive juice, which was once used for corns and warts, and also as a detersive in carcinomatous ulcers and old wounds. It has been lauded as an anthelmintic, emmenagogue, diuretic, and purgative, but fell into complete disuse. Nevertheless, Ballardier, a French chemist, a short time since discovered in it an alkaloid, possessing a febrifuge action very similar to that of quinine. He called it *eliotropina*. It is easily soluble in acidulated water, and also in simple water, and presents astonishingly all the reaction of the alkaloids. It has a bitterness equal to that of quinine, and a very pronounced febrifuge effect.—*Revista Clinica di Bologna*.

FOOD REQUIRED TO MAKE A POUND OF MEAT.—Professor Tanner, in the *Bath and West of England Society's Journal*, makes the following estimate of the increase of weight produced by a certain quantity of food, under proper circumstances of shelter and management:

25	lbs. milk furnish.....	1 lb. meat.
100	" turnips furnish.	" " "
50	" potatoes "	" " "
50	" carrots "	" " "
9	" oatmeal "	" " "
7.1	" barleymeal furnish...	" " "
7.4	" bread " ...	" " "
7.4	" flour " ...	" " "
3.5	" peas " ...	" " "
3.8	" beans " ...	" " "

ANTISEPTIC GAUZE.—LISTER's antiseptic gauze, which is prepared by impregnating a cotton-fabric of loose texture with a mixture of 5 parts resin, 7 parts paraffin, and 1 part of carbolic acid, has the disadvantage of being very stiff and unyielding. Dr. Paul Bruns, professor at Tubingen, proposed to overcome this difficulty by a change in the manner of impregnating the gauze, as well as by a different menstruum. He dissolves 400 grammes of powdered resin in 2 litres of alcohol, adds to the solution 40 grammes of castor oil, and finally 100 grammes of carbolic acid. The whole bulk measures now 2½ litres. This quantity is sufficient for impregnating 2 pounds (about 25 metres) of the gauze (previously deprived of grease). The gauze having been dipped into the liquid and well stirred about, it is removed, and suspended horizontally, when it will dry in about half an hour. Thus prepared it is quite soft and pliable, and contains a 10 per cent. solution of carbolic acid. After having been used, it may be cleansed by boiling in very dilute soda lye, and then be impregnated again.

Improved benzoated or salicylated gauze or wadding has also been prepared by Prof. Bruns. Both of these heretofore suffered from the draw back that on handling they gave off a fine dust of benzoic or salicylic acid, which caused much annoyance to the operator or attendant. Prof. Bruns prepares it by adding 3 to 4 parts of castor oil to the solution—for every 10 parts of benzoic acid. 100 grammes of benzoic acid and 40 grammes of castor oil (or 20

grammes each of castor oil and resin), are dissolved in 2.36 litres (2,360 c.c.) of alcohol, the gauze soaked in the liquid, and then dried. This gauze contains a 10 per cent. solution of benzoic acid. The salicylated gauze is prepared in the same manner.—*Paint, Oil and Drug Reporter*.

TO FASTEN LEATHER ON METAL.—To fasten leather upon metal, you should first wash the metal with a hot solution of gelatine, and steep the leather previously in a hot infusion of gall-nuts. Then press the leather upon the surface of the metal and allow it to cool, when it will be found to adhere so firmly that it cannot be separated without tearing.—*Boston Journal of Chemistry*.

BORAX: ITS USES.—The following summary of the uses of borax is taken from an advertisement in a technical journal. It is used by cement manufacturers, in the preparation of the finest cement; candle manufacturers, in the formation of the completely destructible wick; starch manufacturers, in the preparation of starch, giving a beautiful gloss; glass manufacturers, with barytes, sand, and soda; ironfounders and smiths, in dissolving the metallic oxides; dyers and bleachers, as a mordant and purifier; braziers, in welding; potters, for their glazes; tanners, for the quick production of leather; chemists grocers, and drysalers, for general household purposes; provision merchants, in preserving eggs, butter, hams, and fresh meat of every description; timber merchants, for preserving soft woods, making them hard and durable; dentists, for fluxing purposes; and by medical men, for wounds and internal application.

CHILI SALTPETRE.—Nitrate of soda has become a bone of contention between the republics of Chili and Bolivia. Bolivia has pledged itself by treaty to impose no duties on articles of Chilean produce exported from the coast of Antofagasta during 25 years. In spite of this the National Assembly of Bolivia has imposed a tax of 10c. per quintal on all nitrate of soda shipped from the Bolivian coast. Chili has protested, and threatens to resist the collection of the tax. Bolivia insists on carrying out a measure which she believes is just and legal.

NITRATE OF SODA.—Antofagasta, the focus of the dispute between Chili and Bolivia, contains vast deposits of nitrates which are yearly increasing in importance. The total shipments from Peru during 1878 are stated by the *South Pacific Times* to have been nearly 6,000,000 quintals (quintal = 100 lbs.). During the same period not less than 12,000 tons have been shipped every month from Antofagasta, or 3,500,000 quintals in the year. Should this island fall into the possession of Chili, its nitre production will be pushed into active competition with that of Peru.—*Chemist & Druggist*.

CAPE ALOES.—The amount of Cape aloes exported from the port of Port Elizabeth, Cape of Good Hope, during the year ending December 31, 1878, was 73,214 lbs., valued at 658l., against 3,259 lbs., valued at 40l., in the previous year.

A BELGIAN PATENT TOOTH WASH.—A tooth wash has been patented in Belgium by a Mr. T. L. Smits, the composition of which is thus described:—

	Parts
Water.....	950
Urea.....	12
Uric acid.....	4
Fixed salts.....	7
Urate, oxalate, and oxalurate of lime, cystin, &c.....	8.90

With a little perfume.

As this is a fairly correct analysis of ordinary urine, Mr. Smits' "eau dentifrice" will only need to be named in order to be avoided. The *Chemical News*, in noticing the patent, asks, Is this a new way out of the sewage difficulty?

LOCAL ANÆSTHETIC IN DENTISTRY.

Pulv. camphor.....	3vj.
Ether. sulphur.....	3j.

Apply this to the gum surrounding the tooth to be removed, until the gum turns white, when the tooth can be extracted with scarcely any pain.—*Dental Cosmos*.

PURIFICATION OF SPIRITS FROM FUSEL OIL.—According to the *Brennerei Zeitung*, a single agitation of spirit with the following compound will completely remove the fusel oil from potato brandy, and will leave the fluid beautifully clear:—

	Parts
Sugar of milk.....	1
Starch powder.....	2
Powdered albumen.....	5

About 4 oz. of the powder is sufficient for a gallon of spirits.

That the Germans, generally considered a nation of unpractised dreamers, once in a while, at least, can take a very practical view of things is evident from an advertisement for an assistant, which appeared in *Pharmac. Zeitung*: "A young man, without means, can find an agreeable situation in a country drug store, etc., etc. He might possibly, by marrying in the family, become a member thereof and his future subsistence be secured thereby. Applicants must send in their photographs."

Another curiosity in Germany is that some apothecaries find it necessary to add to their advertisements for clerks a recommendation from their last clerk.

RECENTLY in Norwich a druggist dispensed some brandy as a stimulant in the case of two children who had swallowed some tincture of aconite root by accident. The temperance people now propose to enter suit against the druggist for selling liquor without a license. The *Monthly Review of Medicine and Pharmacy*.

MILK is an agreeable solvent of quinine. Dr. Bratterbury says one grain to the ounce is hardly perceptible, or five grains to the tumblerful lose all their bitterness.

The Canada Medical Record.

MONTREAL, AUGUST, 1879.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Montreal General Hospital—Resection of a Rib by Dr. Wilkins.....281

CORRESPONDENCE.

Letter from Dr. Worthington, of Sherbrooke, on the published Medical Register of the Province of Quebec.....282

PROGRESS OF MEDICAL SCIENCE.

Inflammation of the Bladder, 283—
How to postpone the use of Spec-

tacles, 283—Thymol as a Remedy in Skin Diseases, 283—Canabis Indica in Epilepsy, 283—Therapeutics of Diarrhoea in Children, 284—Incontinence of Urine, 288—Croton Oil in Nævus, 288—Pulmonary Consumption, 288—Sclerotic Acid in Hæmoptysis, 288—Convulsions in Young Children, 288—The Treatment of Dyspepsia, 289—The Neglect and the Value of Blistering, 289—Treatment of Valvular Lesions, 290—On Catheterism in Stricture on Physiological Principles, 290—Injections of Linseed Oil for the Cure of Chronic Cystitis, 293.

EDITORIAL.

The New Medical Bill, 294—A Complaint from our Friends across the Border, 301—The late Editor of the Canada Medical and Surgical Journal, 302—The Canada Medical and Surgical Journal, 302—Register of the College of Physicians and Surgeons of the Province of Quebec, 303—Animal Vaccination, 303—Old Fashioned Thesis, 303—A Pen worth recommending, 303—Personal, 303—Medico-Chirurgical Society of Montreal Proceedings, 304—Medical Items, 304—Births, 304.

PHARMACEUTICAL DEPART305

Original Communications.

MONTREAL GENERAL HOSPITAL.

Resection of Rib, by DR. WILKINS. From notes of case taken by Mr. GEORGE W. NELSON, Bishop's College.

Maria Malone, aged 19, had been in hospital several months previous to coming under Dr. Wilkins' care, during which time paracentesis thoracis was performed three times for hydro-pneumothorax. Free openings had been made between the seventh and eighth ribs into which drainage tubes had been inserted, one anteriorly and the other posteriorly. These openings had contracted so much that it was with great difficulty a small sized elastic catheter could be introduced for the purpose of washing out the cavity, which was still secreting a large quantity of pus. A probe could be passed about ten or eleven inches through either of these orifices, upwards and backwards, in the direction of the trachea. To facilitate the introduction of injecting fluid, and thus permit her removal from hospital, it was decided to enlarge one of the openings, or rather to make a fresh one by the removal of a portion of one of the ribs, and to insert a silver canula into the opening thus made.

Operation.—An incision was made about three inches in length, cutting down upon the seventh rib, the anterior margin of the incision being about two inches from the edge of the sternum. The line of the incision was

midway between the upper and lower borders of the rib; a corresponding incision about two inches long was made through the periosteum, which was separated from the bone for about an inch; the separation being effected by means of gouge. None of the periosteum was removed. The rib was then sawn by means of Hey's saw, and a piece about one inch in length removed, the anterior section being about four inches from mid-sternum, the other about one inch posteriorly. An opening was then made into the pleural cavity and a large size drainage tube inserted.

Twelve days afterwards (28th July) the rubber tube was removed, and a silver tube, $\frac{3}{8}$ inch (one centimetre) bore and $3\frac{1}{2}$ inches (nine centimetres) in length, was introduced, and tied *in situ*; this tube had a flange attached to the exposed end by means of two pivots, so as to be freely moveable. A medium-sized catheter could easily be introduced through this tube well into the pleural cavity, leaving some space between catheter and wall of silver tube; an enema syringe being attached to the catheter, fluid could readily be injected and escape along side of the catheter through the silver canula. Four or five days after the insertion of this tube considerable difficulty was experienced in introducing the catheter, the tube was too short, the inner or pleural opening of the wound contracting over the edge of the canula. On the eighth of August a new tube, one inch longer than the previous one, was introduced, and has ever since done well. When last heard from, eight months after operation (last March), patient, who is out of town, was

still wearing same tube, and has never had any difficulty in introducing catheter through it and washing out cavity.

Although the tube is now $4\frac{1}{2}$ inches in length, and former tube ($3\frac{1}{2}$ inches long) was too short to go completely through chest-wall, these lengths do not represent the thickness of the wall, as the direction of the tube is obliquely backward, the inner orifice being quite an inch external to the outer opening.

Correspondence.

THE MEDICAL REGISTER.

To the Editor of the Medical Record.

SIR,—Having within the last year brought an action for medical services, for a large amount, it was necessary for me to prove not only that I was registered, and had paid the annual subscription, but that “the production of a printed or other copy of the register, certified under the hand of the Registrar of the College of Physicians and Surgeons of the Province of Quebec, for the time being” was equally necessary. I applied to the Registrar for “such printed or other copy of the register,” and in reply received a certificate to the effect that I was a registered member, and had paid my annual subscription.

To my surprise the lawyers, on both sides, declared this certificate, gorgeous in its armorial bearings, and signed “Dr. L. LaRue, Registrar,” was not worth, in this case, the paper upon which it was written. What was wanted was a “printed or other copy of the register,” or, if a certificate was offered in proof, such certificate should be “upon such printed, or other copy of the register.”

Failing this I must produce the Registrar himself and his register. In consequence of this difficulty my case was put off.

Why is it that after the lapse of more than two years such printed or other copy of the register has not been prepared to meet such cases as mine? I respectfully submit that if I pay the College of Physicians and Surgeons an annual subscription, I am entitled to something in return. If the College obliges me to conform to certain conditions before I can recover at law, it should, with as little delay as possible, and without putting me to extra cost, put me in a position to prove that I had conformed to those conditions. As it is, in addition to the glorious uncertainty of the law, I have the consolation of knowing that the delay may lose me my golden opportunity. Perhaps, however, if I lose my case through this negligence, I may be able to ask the College to entertain a question of damages.

Within a few days I have received what purports to be the “The Medical Register.” Apart from the

flimsy “get up” and the absurd errors of that register, it is not too much to say that it is utterly worthless as evidence of registration in point of Law, inasmuch as it has nothing on the face of it to show that it is published by authority of the College. It has neither the certificate, nor the name of the Registrar. It is true that it ends with a remarkably candid N.B., admitting the incompleteness of the registration, and suggesting that those whose names, age, residence, qualifications and additions are so frightfully mangled, and those who are so mercifully left out altogether, “will please enquire to Dr. LaRue, Registrar, St. Georges Street, St. John Suburbs, Quebec.”

It may not be out of place to notice a few of the ridiculous errors of this same register:

Dr. Johnston, of Sherbrooke, is not mentioned.

Alexandre, Walter, is a *Frov.* Lic. !!!

Bolduc, Jos. Etienne, is Bolduc!

DeBonald, W. S., is DeBould!

Brown, Arthur A., is a B.A.!

Ethier, C. M., is a D.C.M. !!!

French, William J., St. Hyocinthe, is M.D. College, 1834.

Gibson, John B., *Durham* for Dunham.

Hopkins, A., is Hopkin, A.

Loverin, Nelson, is M.D.L., McGill.

Molson, Wm. A., is L.M.R.Q.C.P.I.

Meigs, John, is converted into Meighs.

Mignault, Jos. Ans., is M.D. Univ. *Harwood*, B.N.S.A.!

Parke, Charles Smith, is L.R.C.P.C.S.

Reddy, John, is L.R.C.L.J.

Rowand, Alex., is M.D.L.R.C.S.S.E.

Wanless, John, is L.F.P.S.S., Glasgow.

White, William Henry, is Licentiate Society Apothecary, County London !!!

*Riddell, Alexander, Milloy, Prov. Lic., May 8, 1860.

*Riddell, Alexander D., Milloy, Prov. Lic., May 8, 1850.

Robitaille, Olivier, is M.D. Univ. *Howard*, Boston.

Tabb, S. E., is metamorphosed into Table!

Smith, William P., is Lic. Faculty *Ply. Cob.*, Glasgow, 1830!

Worthington, Edward D., is A.M.M.D.F.R.C.S. Edin., all one jumble of medical qualification, and to add to the poor man's sorrows, he is put down aged 64!!!

I think, Sir, the wicked man who compiled that register ought to be indicted for manslaughter. He has no respect for age, name, residence, or qualification. Even our highly revered President himself has not escaped his blunder-buss, he has converted the honored name of Rottot into *Rot-hot* !!!

Seriously, I would recommend that a respectable register, printed on good paper, and alphabetically arranged, should be at once compiled, but before

* These two Riddells are the same. How one got a License in 1850, and the other in 1860, is another Riddle! Milby, and not Milloy, is the place of residence.

being published *proofs* should be sent to a committee in each district for correction, and, this one should be sent to the nearest Paper Mill.

I am, yours,

E. D. WORTHINGTON, M.D.

SHERBROOKE, Aug. 30th, 1879.

Progress of Medical Science.

INFLAMMATION OF THE BLADDER.

The best remedies to administer internally when vesical irritation and inflammation exist are gelseminum, belladonna, sulphate of magnesia, and pinus canadensis. If the pain be great, choose gelseminum; if the irritation will not admit the presence of a teaspoonful of urine in the bladder, give small doses of sulphate of magnesia; if too much urine be secreted (diabetes), administer pinus canadensis; if the kidneys secrete irregularly, belladonna is indicated. It is not to be supposed that no other agents are "specific" in cystitis, for every experienced practitioner knows of others. However, enough have been mentioned to begin with.

Such agents as are known to be diuretic in their action should not be administered in cystitis; better give those agents that tend to restrain urinary secretion. Spices are especially to be avoided. A man or woman having cystitis is made worse by taking stimulants and aromatics. Gin is occasionally prescribed in urinary troubles, but oftener with bad results than with good.

But the most valuable part of the treatment of cystitis is the use of laudanum and starch in the rectum. Let from twenty to sixty drops of tincture of opium be mixed with two ounces of starch mucilage, and thrown into the rectum with a syringe. This enema may be repeated two or three times a day. Those unacquainted with the quieting effects of this agency, in irritation of the bladder and cystitis, will be happily surprised when they carry the plan into operation. No internal medication through the stomach can equal in curative effects these sedatives and emollient enemata. In addition a bag of hot sand may be placed between the thighs, near the perineum, and a hot dinner-plate may be frequently placed upon the hypogastrium. By medicating the pelvic viscera and surroundings the stomach may be kept for food and drink. Sedative medicines injure the appetite and digestion. Run as few remedies through the stomach as possible, unless they be peptics.—*Southern Medical Record: N. O. Med. Jour.*

HOW TO POSTPONE THE USE OF SPECTACLES.

Dr. W. Cheatham writes to the *Louisville Medical News* :—

Till lately I have advised the use of spectacles the instant their want is felt; but now we have in sulphate of eserine a remedy (and a safe one, I

believe), by which the wearing of glasses can be put off for several years. In presbyopia we have loss of distinct near vision, caused partly by the loss of power in what is known as the ciliary muscle. Eserine is a stimulant to this muscle, producing contraction, and in that way assists in accommodation.

From my results so far I believe that spectacles may be dispensed with for several years after their want is first felt. I usually order eserine sulphat, gr. j; aquæ dest., ℥ j; one drop to be put into each eye at bedtime. On account of the artificial myopia produced I order it to be put in at bedtime. It may be dropped in at any time, as the myosis soon passes away.

Besides its employment in glaucoma and other inflammations of the eye, and in presbyopia, I have found it of great use in asthenopic (weak) eyes, depending upon over-sightedness and weakness of accommodation, the latter the result of either overwork, general debility, diphtheria, etc.

Spectacles in presbyopia (the loss of near vision from age) always give ease; but there is a certain discomfort from the use of glasses, besides many other objections brought forward by patients, all of which, as a usual thing, can be referred to pride. This pride we should humor as much as possible. If by means of the eserine we can give them as great comfort and preserve their eyes as well as by means of spectacles, I think it proper that we should do so.

THYMOL AS A REMEDY IN SKIN DISEASES.

Dr. H. Radcliffe Crocker (*Brit. Med. Jour.*, Feb. 16, '78), has been using thymol to advantage in psoriasis, eczema, lichen planus, pityriasis versicolor, etc. He employs the following formulæ:

1. An ointment, consisting of one ounce of vaseline, and from five to thirty grains of thymol.

2. A lotion, consisting of thymol, five grains; rectified spirit and glycerine, each one ounce; water sufficient for eight ounces.

In the three former diseases, he found the ointment beneficial in sub-acute cases, in fact, in such cases as are commonly treated with tar. In pityriasis versicolor, he used the lotion.

As thymol is quite irritating in strong solution, it cannot be employed in cases that are all acute. Being colorless, and of not unpleasant odor, it presents manifest advantages over tar.—*H. G. P. in Hospital Gazette and Archives of Clinical Surgery.*

CANNABIS INDICA IN EPILEPSY.

This remedy, in doses of gr. one-sixth of the solid extract three times a day, has been very successfully used by Dr. Wharton Sinkler, of Philadelphia. One very severe case (fully detailed in *Phil. Med. Times*) was promptly cured by this agent.

THERAPEUTICS OF DIARRHŒA IN CHILDREN.

By A. A. SMITH, M.D., New York. Lecturer on Materia Medica, Therapeutics, and Clinical Medicine, in Bellevue Hospital Medical College.

GENTLEMEN: I desire to call your attention to-day to diarrhœal troubles, especially those apt to affect children, not alone infants, but those under seven or eight years of age. It would be impossible to go over much of the subject in an hour; I shall therefore make my lecture suggestive, and touch only some of the most important points. Whatever the cause, all children, whether infants or those older, ought to be kept quiet when suffering from diarrhœa. They should be kept in a partially darkened, quiet room, free from noise, and all talk in the room should be avoided, especially when the child is asleep. The nervous system in childhood is so impressible it is easily disturbed, and any disturbance of this character aggravates the diarrhœa. Infants under one year ought to be kept lying down as much as possible. They should not be jolted up and down as is the custom of most nurses and some mothers, in order to amuse them. If the child is under one year, let it be placed on a pillow, if the diarrhœa is severe, as it can be kept quiet more easily in this way than when lying on the lap. Even in changing the napkin care should be taken to move the child as little as possible. Don't be afraid to keep the room well ventilated in which the child lies. Mothers usually are over-careful for fear the child may take cold, and on this account are apt to keep the room too closely shut up. When the child is awake it can be carried carefully into open air, always in the shade. Salt-air is beneficial to almost all forms of diarrhœa in children, and this is specially so in regard to city children. We in the city, therefore, urge a ride on the salt water, or taking the child to the sea-shore if possible. In all cases, in children under a year, if the diarrhœa is severe, keep warm applications over the abdomen; make a spice bag. Take a half ounce each of cloves, allspice, cinnamon, and anise seeds pounded, but not powdered, in a mortar, put these between two layers of coarse flannel, about six inches square, and quilt them in. Soak this for a few minutes in hot spirits (brandy, or whiskey, or alcohol), and water equal parts, and apply it to the abdomen warm, renewing it when it gets cool. In this way we not only get the effects of a poultice, but we also get the sedative and antiseptic effects of the spices. Great heat, with influences that depress the nervous system, bad hygienic surroundings, improper diet, too early weaning, bottle food, and dentition, are among the causes that predispose to diarrhœa. In all cases remove the cause if possible.

METHOD OF REDUCING TEMPERATURE.

There is one symptom common to almost all cases of diarrhœa if severe, and in my opinion it is the most important, and that is the increase of tempera-

ture. The best means of reducing the temperature is by the external applications of cold. Since we have the Kibbe's cot, which you have seen here, the immersion of the child in a bath is practically done away with. The Kibbe's cot can be improvised easily; it is a pleasant and convenient way of giving the wet pack; is just as effectual as the bath, and has very few of its objections. Fold a small sheet so that it will cover the child from the axillæ to the ankles, place the child on the bed, leaving the arms and feet uncovered. The axilla can be dried easily, and the temperature be taken while the child is in the pack, or the thermometer may be introduced into the rectum, the most accurate way of taking the temperature. Water of the desired temperature may be poured on from a pitcher. In cases of slight elevation of temperature, say to 102° F., or under, sponging off the body with water about the temperature of 80° F. will usually answer the purpose, and it may be done often enough to reduce the temperature nearly to normal. But in all cases of an elevation of temperature above 102° resort to the Kibbe's cot or its substitute. Always remain and make the first application yourself. The parents will be timid about it. The child will cry, and it will be necessary for you to show them by the good effects produced, the wonderful power by this means of reducing temperature, of calming the restlessness and irritability of the child, and of inducing sleep.

Afterward you can teach them the use of the thermometer and the methods of application of the water. The temperature of the water may be at first 90° F., then gradually, as the child becomes accustomed to it, it may be made cooler until it is brought down to 80° F. in a few minutes. It may be necessary where the temperature is very high, or where it rapidly rises after it has been reduced, to apply the water even colder than 80°. Reduce the temperature to 99° F. It usually goes down still farther after the child is taken out. Remove the sheet, put the child in a thin blanket, cover it up and let it sleep. It may be left in the pack twenty or thirty minutes, longer or shorter according as you find the temperature down to 99° F. In very severe cases, where the temperature rises to 105° F., or higher, it may be necessary to apply the cold every hour or two. In such cases you need not remove the child from the Kibbe's cot, but let it remain there for even days if necessary. The cot may be made comfortable by folding a woollen blanket and putting it under the child. I cannot speak too emphatically of the importance of the reduction of temperature in the treatment of the diarrhœas of children, and of this means of accomplishing it. It is, however, only an aid to other means of treatment.

NURSING AS A CAUSE OF DIARRHŒA.

One of the most frequent causes of diarrhœa in young infants is too frequent nursing. The child when a few days old, can be taught to nurse about every two hours during the day, and every three hours at night. My first question, when I am

called to see an infant under six months suffering from diarrhoea, is, "How often does the child nurse?" and frequently find it has no regularity of nursing, sometimes nursing as often as every half-hour. By establishing regularity of nursing, the diarrhoea is often cured. A child under four months, as the rule, will have two, sometimes three evacuations in twenty-four hours. This number is within the range of health. You will see many cases of diarrhoea with very little constitutional disturbance, but frequency of movements and the appearance of the movements not particularly unhealthy. Bismuth. subnitrat., three grains every two or three hours, will cure such cases.

PRETERNATURAL ACIDITY.

Some infants have a tendency to preternatural acidity in the digestive organs. The diarrhoea that occurs in such cases is accompanied with considerable pain, the passage of small, cheesy-looking masses with the stools, the odor sour, and sometimes even offensive, the reaction decidedly acid. Such children may be given, with good effect, a teaspoonful of lime-water three times a day. Give it in two teaspoonfuls of milk. Chalk may be given. The mist. cretæ of the Pharmacopœia is a good preparation to give. It contains, besides the chalk, gum arabic, glycerine, and cinnamon, all of them good in this form of diarrhoea. Sometimes it is well to give a laxative, as some of these cheesy masses may have collected in the intestines and may be acting as an irritant. The indication is to remove them. I have found the following prescription a better one to give than the traditional castor-oil:

R. Pulv. rhei rad. gr. xv.
Sodæ bicarb. gr. xxv.
Aq. menth. pip. ʒ ij.

M. Sig. ʒ j. as laxative to a child from one to four months old.

In this prescription we get the laxative effects of rhubarb with its so-called secondary astringent effects, the alkali, and the sedative, and antiseptic effects of the peppermint.

In any case of diarrhoea, where there is reason to believe there is any irritant in the intestines, the treatment may be commenced by giving a laxative to remove it.

DENTITION AS A CAUSE OF DIARRHŒA.

Between the sixth and twenty-eighth month dentition plays a very important part in the production of diarrhoea. It might be called a nervous diarrhoea, for it is probably due to reflex nervous disturbances. If dentition is not directly responsible for many of these diarrhoeas, it is indirectly so by putting the system in a condition to be more susceptible to all those influences which do produce diarrhoea. In all cases where the gums are swollen, lance them. In any case where it is about time for the tooth to come through lance the gums over the tooth thoroughly and draw some blood. I believe the disturbance is often due to pressure of the tooth deeply in, and before it

shows much swelling on the surface. Lancing the gums never does harm. It is better to err on the side of lancing them when there may be no necessity, than to fail to lance when there might be necessity. I have often seen a child having from ten to twelve movements a day relieved entirely by lancing the gums, and with no other treatment. It is in these cases that the bromides prove so effectual. Give the following combination of a bromide with mucilage to a child between six months and a year; older children a larger dose:

B. Sodii bromid 3 ss.

Mucilag. acaciæ,

Aquæ puræ, aa q. s. ad.... ʒ ij.

M. Sig. ʒ j. q. 3 h.

The bromide diminishes the reflex disturbance, and the mucilage is soothing to the irritated intestinal mucous membrane.

ERRORS IN DIET AS A CAUSE OF DIARRHŒA.

Another cause of diarrhoeal troubles is the giving of all sorts of diet too early. There is a desire to make the child strong and grow more rapidly. Meat, vegetables, and farinaceous articles in abundance are given to children even eight or ten months old. A child under eight months ought to have no other diet than milk, and even up to two years, milk should be its main diet. Human milk is the best during the first year, or until weaning; but often from necessity the child is brought up on the bottle. During the first eight months cow's milk diluted one-fourth with barley-water makes the best diet. The ground or crushed barley should be boiled with water of sufficient quantity, so that when cold it is about as thick as thin cream. The milk should be given about blood-warm and a little sweetened. What place should condensed milk be given in the feeding of children? I should give it a place on the shelf at the grocers. I have tried the condensed milk with children thoroughly, and have seen it tried in the practice of others, and must protest against its use. Children fed on condensed milk, although they may thrive well apparently, yet when they fall ill show very little resisting power, and, particularly when they fall ill of diarrhoea, they weaken very rapidly and the diarrhoea is apt to be obstinate. There are exceptional cases in which it may be used, and some cases in which it is desirable to use it for a short time. When bottle-fed children suffer from diarrhoea it is well to boil the milk and make the barley-water thinner and give more of it, say one-third barley-water to two-thirds boiled milk. I have found thoroughly cooked wheat flour an admirable food for children with diarrhoea. Have it prepared in this way: Put about two pounds of flour in a muslin bag, tie a string around the top of it, and suspend it in a kettle of water and boil it for five hours; then let it get cold. Take off the bag, cut off the outside dough and grate it. Thicken boiled milk with this to about the consistency of a thin gruel, or about thick enough for it to pass through the rubber nipple of a nursing-bottle. All

food for children should be thoroughly cooked. Still more is this to be observed when they are ill of diarrhoea. As a rule, feed children suffering with acute diarrhoea just as little food as will satisfy their hunger, and often a little cold water will relieve their thirst and lessen their desire for food. Avoid alcoholic stimulants, unless there is exhaustion. Champagne iced may be given in small quantities if there is obstinate vomiting.

FLATULENT DIARRHOEA.

There is a flatulent diarrhoea which occurs in young children and gives much trouble. The movements are frequent but very small, and the flatulence is sufficient to keep the child awake nights.

I have found the following prescription an excellent one in such cases :

℞. Magnes. calcin..... 3 ss.
Spts. amm. aromat..... M xl.
Tinct. assafoet..... 3 i.
Anisette..... 3 vi.
Aq. cinnamomi q. s. ad..... ̄ iv.

M. Sig. 3 i. every half-hour until relieved, to a child from three weeks to four months old. Two or three doses will usually relieve.

DIARRHOEA DEPENDENT ON NON-DIGESTION OF SUGAR.

There is a diarrhoea which occurs in the summer, characterized by frequency of discharges ; the movements are green, accompanied with pain, and in many cases the stomach is so irritable that vomiting is a troublesome symptom. Probably the diarrhoea is due to non-digestion of sugar. In connection with such cases I would like to call your attention to kumyss or fermented milk. In this preparation the milk has already taken the first step in digestion. There is or ought to be no sugar in it ; the casein is in a fixed condition, and consequently cannot undergo the changes of coagulation and putrefaction, and there is a small quantity of alcohol, but it is in such a combination that it is easily assimilated. The kumyss is charged with carbonic acid gas, but children do not take it readily with gas in. It may be gotten rid of by taking the kumyss out of the bottle and pouring it from one pitcher to another a few times. A small quantity may be kept out for immediate use, and the remainder put back into the bottle, the bottle corked and put in a cold place. Sometimes children who are unable to retain anything else can take a teaspoonful of kumyss at a time and digest it, and frequently without any medicinal treatment will recover under its use. Twelve hours is as long as it can be kept safely after once uncorking it. The child need take no other food while it is taking the kumyss. It is itself food and drink. It is sour, and mothers are tempted to sweeten it to make it palatable. Of course it should never be sweetened, and should never be given within two hours after any other form of milk, and should be given cold. After the first repugnance to it children take it quite readily ; even children as young as six or eight months can be made to take it by taking

advantage of their thirst and giving it at first in small quantities. Kumyss may be used in many forms of diarrhoea because of its easy digestion. That made by Dr. E. F. Brush, of this city, is the only preparation of it I have found reliable.

DYSENTERIC DIARRHOEA.

There is another form of diarrhoea quite common in summer, characterized by what are known as dysenteric discharges, that is, quite frequent evacuations and straining, as in dysentery, and the evacuations are about the consistence of pudding, or thin jelly, and are usually of a pinkish color. This pinkish color is due to the admixture of blood and mucus with the substance that passes the bowels. I have found small doses of castor oil and opium, given in mucilage, an excellent combination in such cases, as in the following prescription :

℞. Ol ricini..... 3 i.
Sacch. lactis..... 3 ss.
Tinct. opii camph... ʒ xxxij. to 3 iss.
Mucilag. acaciae,
Aque puræ, aa q. s. ad..... ̄ i.
M. Sig. 3 i. q. 2 or 3 hours.

Add the paregoric according to the age of the child. For a child under a year, four to eight drops. For child of one to two years, ten drops. Don't forget the general suggestions in regard to diet in all cases of diarrhoea. It is well sometimes in these cases to give starch-water enemata. If the enemata are given the paregoric may be left out of the castor oil mixture, and laudanum may be put in the enema. One or two drops of laudanum with one to three tablespoonfuls of starch-water, may be given according to the age of the child. The starch-water should be made about as thick as thin cream, and given tepid. It may be repeated every three to six hours, according to the severity of the attack.

INFLAMMATORY DISORDERS.

There is a large class of summer diarrhoeas included under the term of inflammatory disorders. They are accompanied with great pain ; frequency of movements ; there may or may not be a small quantity of blood passed with movements, more or less increase of temperature, with disturbances of the nervous system, and there may or may not be gastric irritability. The indications are to reduce the temperature, manage the diet according to the directions I have given you, surround the child by best possible hygiene, put the warm applications over the abdomen, and give internally a combination of opium and camphor. Tully's powder, which consists of morphine, camphor, and prepared chalk, makes a good combination. The dose for an adult is the same as Dover's powder. Ten grains contain one-sixth of a grain of morphine and a little over three grains of camphor. A child three to six months old may be given an eighth of a grain every two to six hours, according to the severity of the attack and the control the powder has over it. A child six to eighteen months may be given one-sixth to one-fourth of a

grain in the same way. After the acute symptoms have been controlled there remains in many cases a tendency to looseness of the bowels, with very little constitutional disturbance. Stop the Tully's and give the following:

R. Ac. sulph. dil ℥. xxiv.
Salicin..... gr. xxiv.
Glycerinæ..... 3 iij.

M. Sig. 3 i., t. i. d.

Do not give it within a half-hour of the taking of milk. The sulphuric acid has a tonic and astringent effect, and the salicin, besides its tonic effect, acts also as an anti-fermentative.

CHOLERA INFANTUM.

And now, as to the treatment of a disorder of children, which is the dread of all the physicians, especially young ones, and justly so, for it is a formidable disease. I look upon cholera infantum as a disorder of the nervous system, and the disturbances of the alimentary canal as only the local manifestations of a constitutional disorder. It occurs from great heat, but it has always seemed to me that in addition to great heat there was some other element. I have noticed that cases are much more frequent when, besides great heat, there were certain atmospheric influences which depress the nervous system greatly. "Dog days," as they are called, are very fruitful in the production of cholera infantum. Among the poor, great heat, poorly ventilated rooms, poor hygiene in all its forms and with all its attendants, improper food, particularly bottle food, favor the development of the disease. I recognize two varieties of cholera infantum, and divide them, according to their manifestations, into congestive and exhaustive. In the congestive form there is redness of the surface of the body, especially about the face and head; redness of the conjunctivæ, great elevation of temperature, the pulse rapid and full, the nervous symptoms marked, twitching of the muscles, and frequently convulsions; the vomiting and purging violent, the matters vomited and passed being very thin and of enormous quantity. All of these symptoms come on very rapidly, differing in this respect from other forms of diarrhœa. The two special indications are to reduce the temperature and control the nervous manifestations. Apply cold according to the directions I have given you. Give hypodermic injections of quinine and morphine. Give to a child of six months one grain of quinine and about $\frac{1}{300}$ of a grain of morphine every four or six hours, according to the indication. For each additional six months of age an additional half grain of quinine and an additional $\frac{1}{300}$ of a grain of morphine. To simplify the matter I will give the prescriptions of the solutions of quinine and morphine:

R. Morph. sulph..... gr. ss.
Aquæ destillat..... 3 i.

M. Sig. M v. by hypodermic injection for a child six months old.

R. Quinia sulph..... 3 i.
Ac. sulph. dil..... q. s.
Acid carbol. cryst..... gr. v.
Aquæ destillat..... 3 i.

M. Sig. M viij. by hypodermic injection for a child six months old.

Usually the stomach is so irritable that medicines and food are both vomited. After the temperature is reduced, and the nervous system is rested, small quantities of food can be given. Small pieces of ice may be given to allay thirst.

In the other variety, the exhaustive form of the disease, there is paleness of the surface of the body; little or no elevation of temperature; indeed, the temperature in some cases is below normal; the pulse is rapid and feeble; the nervous symptoms, although present, are not as marked as in the other variety. The vomiting and purging are violent, the child sometimes getting rid of more fluid in a few hours than it has taken in days. The emaciation is very rapid and great. The indications for treatment are to check this enormous loss of fluid and sustain the patient. Our main reliance must be on opium and alkalies and stimulants, with the general directions I have given you in the beginning of the lecture. Opium in small doses, in addition to the other effects claimed for it, is a cardiac stimulant, thus meeting one of the chief indications in this disease.

The following combination is good:

R. Tinc. opii. camph..... 3 iij.
Mist. cretæ..... 3 iij.

M. Sig. 3 i. q. 2 or 3 h. to a child of six months.

Sometimes nothing is retained by the stomach. In such cases, it is necessary for you to give the opium hypodermically. Give the $\frac{1}{300}$ grain morphine as directed in the other variety of the disease, but do not give the quinine.

Alcoholic stimulants should be given. Brandy is the best. Give five drops of brandy in a teaspoonful of water, every hour, to a child of six months, if there is great exhaustion. This quantity may be increased or diminished according to the indications. In some cases of cholera infantum a child becomes suddenly much more exhausted, pulse becomes more rapid, extremities are cold, perspiration comes out freely, and the child seems to be going into collapse. An enema of hot water will sometimes revive such a child wonderfully. Let a good quantity of hot water be used, say half a pint, and hold a towel to the anus afterward, in order to have the water retained as long as possible. Along with this give internally spirits of camphor, from six to ten drops. It may be put in with the brandy, and the two given together for a few hours. In any case of diarrhœa, where these symptoms of great exhaustion occur with the coldness of the extremities, the hot water enemata may be given.

BEEF-TEA.

The very common habit of giving beef-tea in the

diarrhœa of children prompts me to say a word in regard to its use. Of course it is given with a view to sustain the strength of the child, but I have found that almost invariably it acts as an irritant and aggravates the disease. Sometimes it seems to pass the bowels in the same form it which it was taken. In any case of acute diarrhœa I would advise you not to give beef-tea.

OPIUM.

I believe that opium is given too indiscriminately in the diarrhœas of children. It has its uses, and is an orthodox remedy in such disorders, but it is given very frequently when other remedies would do quite as well and much better, and would produce none of the ill effects of opium.

Good nursing; removal of causes; keeping the patient quiet; regulation of the diet; improving the hygiene; reducing the temperature; removing the causes of disturbance of the nervous system, will, in the great majority of the cases of diarrhœa in children, do away with the necessity for medicines.—*New York Medical Record.*

INCONTINENCE OF URINE.

Mr. J. Scott Battams (Royal Free Hospital) calls attention, in the *British Medical Journal*, to a plan recommended by Dr. M'Intyre, of treating incontinence of urine in children by diminishing their consumption of animal food, flesh meat in any form being allowed but three days in the week. This treatment was quickly and entirely successful. Mr. Battam's experience of this plan of cure is limited to three cases; all were obstinate and of long standing. Belladonna, iron, strychnine, etc., were tried in vain. He continued the iron, and interdicted all flesh meat, including beef-tea, broth, etc. He also advised that very little fluid should be given in the latter third of the day, and that they should pass urine before going to bed. At the end of a week two of the children had quite recovered, the third also had only transgressed twice. Two of these patients came under observation three months afterward, and they still continued well: and, as the third was not brought to the hospital, he probably had not relapsed. In another case, belladonna and nux vomica were rapidly curative. He was a youth aged 16, who had suffered from nocturnal incontinence for three years, since leaving school; he was well grown and nourished, but rather torpid mentally. He had always had good health. The genital organs were exceptionally small, the prepuce not too long. Mr. Battams prescribed ten minims of tincture of belladonna, and five minims of tincture of nux vomica three times a day. A fortnight later he had had no incontinence for a week, and a month later he was still well.

The next Tri-Annual Meeting of the College of Physicians and Surgeons, of the Province of Quebec, takes place at Three Rivers, in July, 1880.

CROTON OIL IN NÆVUS.

By Dr. H. F. SIGLER, Pickney, Mich.

I have had occasion to treat a case of nævus recently, and, as the treatment was unique as well as successful, I report it for the benefit of whom it may concern. The tumor was situated in centre of the left cheek, and in size was about as large as a dime. I procured a cork the size of the tumor, into which I inserted several fine needles, letting the points project one-eighth of an inch. I then immersed the points of the needles in pure croton oil, and plunged them into the tumor. A little swelling followed, and several vesicles formed soon after. The second day a crust formed over the whole tumor. This was repeated three times, at intervals of five days, and no other treatment was required.—*Mich. Med. News.*

PULMONARY CONSUMPTION.

Dr. LABURTHE, M.D.

No greater an authority than Dr. Laburthe reports in the *La Progrès Medical* the cure of a case of well marked consumption by the use of tincture of silphium. The diagnosis made tuberculosis complete, dullness, pectoriloquy, subcrepitant râles, in fact all the physical signs were prominent. Six drops of the tincture, per day, gradually increased to twenty, was given, also cod liver oil, and iodine applied externally, opiates to control the cough and atropine to control the night sweats.

Four months medication restored stethoscopic signs and respiratory murmur, and an increase in weight of 20 pounds, and finally a permanent cure. Dr. Laburthe ascribes the result to the use of the silphium.

SCLEROTINIC ACID IN HÆMOPTYSIS.

This acid, obtained first by Dragendorff from ergot, has lately been adopted by von Ziemssen and other German physicians as preferable to ergotin for hypodermic injection in hæmoptysis and other internal hemorrhage. A five per cent. solution is used, and it is said not to be so liable to be followed by abscesses as ergotin.—*Med. and Surg. Rep.*

CONVULSION OF YOUNG CHILDREN.

Dr. Engel (*Phil. Med. Times*) recommends that when the usual remedies—hot bath, chloral, bromide etc.—have failed, resort be had to hypodermic injection of morphia and inhalation of nitrate of amyl. He reports several successes and no failures.—*Physician and Pharmacist.*

THE TREATMENT OF DYSPEPSIA.

On this subject Dr. A. Leared says, in the *British Medical Journal*:

In the treatment of all forms of dyspepsia attention to diet claims a prominent place. Articles known to be slow of digestion must be avoided, and a lessened amount of food must be taken only at proper times. But, as a rule, absolute strictness in diet is more necessary in dyspepsia from defective secretion than in that from impaired motion; for, as already said, in the latter affection digestion is sluggish rather than imperfect. One dietetic rule is, however, of the greatest importance in the present case. The principal meal should be taken early in the day, before the nervous system has been exhausted either by mental or by bodily exertion. In some instances the power of digestion seems to diminish in proportion as the day advances. A distinguished literary lady consulted me, who had, by incessant brain work, fallen into a state of great suffering from gastric oppression and flatulence after meals. At my suggestion she dined early instead of late in the day. This change was beneficial, but was not effectual in affording relief. I then advised that she should eat meat at breakfast only, and that no writing should be done before the meal. This plan succeeded perfectly.

From its well-known power in causing muscular contraction, strychnia suggests itself as the remedy for impaired gastric peristalsis. It affords the most powerful means we possess of restoring the gastric functions. I may, perhaps, take some credit for having helped to make known its value. So long ago as 1860, I wrote: "Speaking from extensive experience, I know no single medicine of more value... It acts by increasing the tone of the muscular coats of the stomach and intestines. When these coats are relaxed, gases are generated, mainly owing to retardation of the aliment in the cavities. No remedy has in my hands proved so permanently effective as strychnia against this inconvenience." (*Imperfect Digestion* 1st ed., p. 186.) In 1864 the late Dr. Brinton, following Chomel, condemned the use of strychnia in stomach diseases as unnecessary and dangerous. (*Diseases of the Stomach*, p. 334.) But, notwithstanding the condemnation of these authorities, strychnia has held its place in these affections, because, although too often given without discrimination, it proves beneficial in many instances. The secret of its successful administration lies in the recognition of the cases. It is suited for cases characterized by the symptoms of impaired motion; namely uneasiness, but not actual pain, after food, and flatulence. It is not suited for cases of impaired secretion, characterized by pain after food and little or no flatulency.

Some precautions are, of course, necessary, and more so because the patients are seldom under daily observation. A dose of one-twentieth of a grain should rarely be exceeded. It should never be given in pills, on account of the difficulty of exact subdivision in that form. The susceptibility of the alka-

loid to precipitation by alkalies and some other substances must be kept in view. If so precipitated, the whole of the drug would, of course, be contained in the last dose in the bottle. For the rest, the pharmacist must be responsible. But, after having prescribed strychnia some thousand times, I never knew any harm to arise from its use.

It might be supposed that electricity would prove useful for lesions of peristalsis; but, after many trials of faradization and a few of the direct current, I am compelled to say that I do not regard it as a useful agent in this affection.

It is sometimes desirable to check flatulence by some agent which hinders fermentation. Formerly I prescribed carbolic acid for this purpose; but its unpleasant taste is a great drawback. Of late, I have used thymol with, I think, better results; and the taste is far less objectionable.

Many cases are met with in which the stomach is unable to expel flatus in consequence of temporary paralysis from over distention. Various drugs given to promote contraction of the organ—carminatives, as they are called—sometimes fail in their purpose. It is in such cases that charcoal proves useful. Charcoal possesses a remarkable power of absorbing gases; but this power, as I have elsewhere shown, is very much lessened by long keeping and by wetting. This led me to the plan of giving, in hermetically sealed gelatin capsules, charcoal prepared from vegetable ivory, which kind was proved by experiment to possess the best absorbing power. If, in cases of obstinate gastric distention, three or four such charcoal capsules be swallowed, a few cubic inches of carbonic acid gas will be speedily absorbed. Tension being now removed, the muscular coat of the stomach generally resumes its power, and flatus is freely expelled. In a few obstinate cases, however, chiefly when the stomach affection is secondary to diseases of the liver or kidneys, the muscular paralysis is so complete that, as happens in case of the over-distended rumen in cud-chewing animals, mechanical interference is the most effective mode of treatment. For this purpose, I have had made a small India-rubber tube (tube shown) two feet in length, having one extremity closed, and perforated like a drainage tube to the distance of four inches from the end. Such a tube can be safely and easily introduced into the stomach, and will prove effectual in relieving the distended organ.

THE NEGLECT AND THE VALUE OF BLISTERING.

Dr. H. S. Anderson, in his Harveian Discourse, published in the *Edinburg Medical Journal*, says:

A remedy which I fear is somewhat unduly neglected now-a-days is counter-irritation by means of blistering; and I think I have observed in some young practitioners an approach to something like terror when blistering is spoken of as a remedy that may frequently be used. Certainly, as regards children's diseases, there is more of this fear than there should be. It has frequently, for example,

been my experience to see children, in consultation with a younger practitioner, when blistering in acute head affection had never been dreamed of. In mostly all acute inflammatory affection of the brain, tubercular or not, in children, I am strongly of opinion that, after shaving the head, the application of blistering fluid has a most rapid and satisfactory effect. Inflammatory attacks also, of the peritoneum and chest, in children, are often controlled by blistering although the size of the vesicatory and the length of time applied must be carefully considered. And in the rheumatic affections of the joints, in adults, repeated blistering has often the happiest results. For many chronic conditions also, counter-irritation has always held a high place in my list of remedies. In chronic tubercular affections of both chest and abdomen, I think occasional and repeated blistering is frequently beneficial, and also in chronic and obscure head and other affections of the nervous system. For example, a blister over the roots of the nerves, in herpes zoster, often relieves the neuralgic pain so generally present, and often so difficult to get rid of. In diphtheritic paralysis, also, blistering the nape of the neck, and even down the spine, often expedites cure in a wonderful way. In the uterine or ovarian pain so often complained of in the left side, there is no better remedy sometimes than a succession of fly-blisters, and the tenderness of spinal irritation is very frequently relieved, if not got rid of, by the same means. In chronic effusions the use of the blisters is still fully acknowledged, and does not, therefore, call for special mention.

TREATMENT OF VALVULAR LESIONS.

By AUSTIN FLINT, M.D.

I will now ask your attention to the treatment of valvular lesions, with and without enlargement of the heart. We frequently find in practice evidence of valvular lesions either without, or with only very slight, cardiac enlargement. What are the indications for treatment in cases in which valvular lesions are present, but have not led to enlargement of the heart, or at most only very slightly, and that in the way of hypertrophy? *There are no special indications*, and that is an important statement. It is not infrequently the case, when valvular lesions of the heart are discovered, that the practitioner feels it to be a very serious matter, and that it must be met correspondingly with injunctions regarding habits of life, and perhaps with regard to the use of remedies. There are certainly no indications for the use of remedies with the view of removing the lesions. These must be accepted as they are; and yet I have known patients to be placed under treatment in consequence of the vague and irrational idea that remedies might have something to do with diminishing the valvular lesion. But are we to ignore the lesions altogether? Not altogether; we are to take into consideration the possibility and the probability that they will increase. Although there are no

symptoms, at present, indicating the existence of the trouble, and the lesion would not have been known, save by physical signs, the probabilities of increase of the lesion must be taken into consideration, and an endeavor made to forestall such increase; to render it as slow as possible. How shall this be done? We make the endeavor by giving certain directions which relate to the general regimen of the patient. In some instances, but this must needs be done with great discretion, it may be well to state to the patient that he has valvular lesion of the heart, as it may make him more considerate with reference to proper care for himself.

It is proper to advise this class of patients not to overtax the heart more than cannot be avoided, either by improper muscular exercise or great mental excitement. We should not go too far in our injunctions, as is too frequently done. It is not uncommon for physicians to over-estimate the danger as regards the progress of the lesion, and to place restrictions upon the patient which are unnecessary, and which, perhaps, expose him to very great inconvenience. I will give you the rule which I have adopted in giving these patients general directions.

With regard to exercise and excitement, it is not only proper, but advisable to say that such amount of physical exertion should be made as can be done with entire comfort. The patient will receive no harm from muscular exercise, if it simply be limited by the sense of comfort. Muscular exercise which does not excite the action of the heart so as to occasion discomfort is to be indulged in, for it can be done with benefit. The same rule holds good with regard to mental excitement. All mental excitement, if possible, should be avoided which increases the action of the heart to such an extent as to give rise to a sense of discomfort.

As a general statement, the amount of enlargement of the heart, and the kind of enlargement, are to be considered as criteria of the importance of valvular lesions. But before enlargement has taken place, it is an interesting point of investigation to form some idea regarding the amount of valvular lesions. The murmurs give us no definite indication, for the intensity of the murmur has no relation to the amount of lesion. We may have an intense murmur with a very small lesion, and, on the other hand, we may have a feeble murmur with a very extensive lesion. Is there any means by which we can obtain information concerning the degree of the valvular lesion, before the heart has become much enlarged?

We may obtain information by directing attention to the second sound of the heart as heard in the second intercostal space upon the left and right side of the sternum. Upon the right side of the sternum, in the second intercostal space, is the point where the aortic second sound is heard. The second sound heard in the second intercostal space on the left side of the sternum is produced mainly by the pulmonic valves.

The information regarding the degree of valvular

lesion present is obtained by comparing the aortic second sound with the pulmonic second. First let us suppose we have evidence of valvular lesion at the aortic orifice, as shown by the presence of a direct or regurgitant murmur, or both. We wish to form an opinion as to whether much damage, if any, has been done to the aortic valves. We then compare the aortic second sound with the pulmonic second sound, and, if it is found to stand in its normal relation with the pulmonic second sound, we may be sure that the amount of damage done to the aortic valves is not very great. In health the aortic second sound is somewhat louder, higher in pitch, and has more of the valvular quality, the short, clicking character, than does the pulmonic second sound. In proportion as the function of the valves is impaired by lesions will the intensity of the sound be diminished, and if the aortic valves have undergone great damage, the aortic second sound may be entirely wanting. We have then a ready way of determining to what extent damage has been done at the aortic valves.

Suppose we have mitral lesion, either obstructive or regurgitant, or both. We may form a judgment regarding the amount of regurgitation or obstruction by comparing the aortic second sound with the pulmonic second sound. In proportion as we have contraction of the mitral orifice, the left ventricle contracts upon an insufficient quantity of blood to fully dilate the aorta and its branches, the recoil of the arteries is less, the valves are expanded with less force, and there is a proportionate weakening of the aortic second sound as compared with the pulmonic. The effect, then, of mitral obstructive lesion is to weaken the aortic second sound. If the mitral obstructive lesion has led to enlargement of the heart, we have seen that the right ventricle is the part especially hypertrophied, and the hypertrophy of the right ventricle is represented by the intensity of the pulmonic second sound. There is, then, with mitral direct lesion, involving contraction at the mitral orifice, an abnormal relation between the aortic second sound and the pulmonic second sound, consisting in a weakening of the aortic and an intensifying of the pulmonic when hypertrophy of the right ventricle has taken place.

The same is true of mitral regurgitation. A less quantity of blood is sent to the aorta, the recoil of the artery is diminished, the valves are expanded, with less force than normal, and, as a consequence, the aortic second sound is weakened; and when the right ventricle becomes hypertrophied, the pulmonic second sound becomes intensified.

This is of practical utility in forming a judgment with regard to the extent of the valvular lesions.

We have seen that the first effect produced by valvular lesions of the heart is to produce hypertrophy, and such hypertrophy is conservative; it has a real value and advantage. If it were practical to diminish the hypertrophied condition, the patient would be placed in a very much worse condition by so doing.

As a general statement, patients with valvular lesion of the heart do not suffer much inconvenience as long as the hypertrophy, which follows, predominates. A patient with hypertrophy of the heart predominating may take considerable muscular exercise with advantage, but he should carry it only to such an extent as he can do without suffering the least discomfort.

When, however, the dilatation predominates over the hypertrophy, the symptoms to which I called your attention in a previous lecture are developed—such as dyspnoea, first upon exertion, next when at rest, and generally dropsy.

We will now assume that there is evidence of dilatation of the right ventricle; that the patient cannot take but little exercise without suffering from dyspnoea in an extreme degree, perhaps is unable to assume the recumbent posture, and there is cyanosis with more or less dropsy. What are the indications for treatment? The heart may be beating regularly or irregularly, different cases differing in this respect, without apparent reason for such difference. It is proper, if possible, to remove the dropsy. We usually endeavor to do this by the judicious use of hydragogue and diuretic remedies. In this way we may be able, perhaps, to relieve the patient of his dropsy.

We may also relieve the dyspnoea by the judicious use of certain measures. Opiates may sometimes be resorted to, but very carefully. Some prescribe ethereal preparations, and these often afford marked relief.

We can hardly expect to relieve the patient of dyspnoea, especially upon exertion, as we may expect to succeed in removing the dropsy. However, these symptoms claim palliative measures of treatment.

Now, as regards the heart itself. We may often, under these circumstances, derive great benefit from the use of digitalis, especially when the heart is irregular in its action. A feeble, irregular action of the heart is the condition which is most likely to be benefited by the judicious use of digitalis. It is not necessary to carry it to very large doses; ten or fifteen drops of the tincture may be repeated at rather short intervals, the object being to keep up the *continuous* effect of the drug. The effect frequently in this class of cases is to produce regularity of the heart's action, diminish the frequency of the heart-beat, and increase its power, thus accomplishing the objects desired. Now, while this is being done, the great object of treatment, other than the relief of special symptoms, is to improve the condition of the blood by improving the general condition of the patient. In other words, our object is to put the system in such a condition as will best tolerate an affection which must continue and increase. These patients, not unfrequently, are anæmic, and this condition of the blood always increases their distress and suffering; in short, all the symptoms incident to cardiac disease. If we can restore the blood to its proper condition, perhaps the patient may tolerate the cardiac affection without much inconvenience.

If anæmia is present, we endeavor to restore the blood to its proper condition, not only by the use of chalybeates, but by the use of such measures as will improve digestion, etc. The capital principle in the treatment of cardiac diseases is to endeavor to improve the general condition of the system, with the view of securing as much tolerance of the affection as possible.

TREATMENT OF AORTIC LESIONS.

I pass now to the treatment of aortic lesions, which presents some points of difference as contrasted with the treatment of other cardiac lesions.

We do not have dyspnœa, we do not have dropsy, unless enlargement by dilatation has extended to the right side of the heart. Hypertrophy and dilatation of the left side of the heart, dependent upon aortic lesions, do not lead to dyspnœa or general dropsy. They involve distress which is described as palpitation or a sense of discomfort referable to the precordia. The suffering may be very great, but it is not, properly speaking, dyspnœa.

Now it has been stated that in cases of aortic lesions, especially involving free regurgitation, there is danger of sudden death, and that fact is to be considered in the treatment of this class of cases. Other things being equal, the danger of sudden death is in proportion to the regurgitation at the aortic orifice and weakening of the left ventricle by dilatation.

What can be done to relieve the distress of the patient and prevent a fatal termination?

We may have here, as with mitral lesions, a feeble, irregular action of the heart. Shall we employ digitalis, as in the treatment of the same condition in connection with mitral lesions? There is a difference of opinion with regard to the correct answer to this question. Some consider that this remedy may involve danger, and in this manner: if it has the effect of diminishing the frequency of the heart's action, overfilling of the left ventricle is more likely to occur; hence the patient is exposed to more danger from paralysis of the heart, and thereby sudden death. On the other hand, it is argued that, by giving greater power to the heart's action, notwithstanding the diminished frequency, the patient is less liable to have over-accumulation of blood in the left ventricle. As far as my experience goes, the truth lies between the two extremes. I would use digitalis with a certain amount of reserve in the treatment of aortic lesions, but it seems to me evident that in certain cases benefit follows the judicious use of the remedy. We can give it without running the risk of producing much slowness of the heart's action, and thus secure the tonic effect of the remedy without incurring the danger which deters some from employing it at all. As regards other measures to be employed, the same general principle is applicable as in the treatment of other lesions. The general condition of the patient is to be improved as much as possible, especially with reference to anæmia. It has been justly said that "a lame heart needs good blood." Active muscular exercise, or great mental

excitement, are to be especially avoided in aortic lesions in which there is evidence of free regurgitation of the left ventricle. Under those circumstances we should not hesitate to caution the patient, and perhaps it may not be imprudent in certain cases to intimidate the patient, by telling him there is danger of sudden death unless certain prudential measures are observed.—*New York Medical Record.*

ON CATHETERISM IN CASES OF STRICTURE ON PHYSIOLOGICAL PRINCIPLES.

By JOHN GAY, F.R.C.S., Senior Surgeon to the Great Northern Hospital, etc.

Cases of stricture, I need hardly say, often come under the care of the surgeon, especially in hospital practice, in which, owing to the patient's neglect, a stricture barely permeable becomes almost suddenly impervious, and the surgeon is called upon to procure a passage of some kind for the urine in the teeth of every obstacle, normal and abnormal, that can waylay his efforts and render them difficult. It is to the earlier period in this (the culminating) stage of such a case that the following remarks are designed to apply:

A man, aged twenty-eight, recently presented himself at the Great Northern Hospital, during my visit. He had suffered from stricture for years; had had urethral discharge in abundance, and chronic balanitis as well. Literally his urine had dripped away, and, before reaching the hospital, this resource had failed him. Catheterism was attempted by skilled hands, but in vain; and as early relief was necessary, an operation was advised, but refused. On examination, he was found to have a hard, firm, and painful stricture about three inches from the orifice, for which I proceeded to use a catheter on the following principles:

1. As it is, the urethra is absolutely impervious to the passage of the catheter from a combination of causes—viz., the stricture growth engorged with mucus and blood, and rendered painful by futile catheterism; and certainly spasm. It is not, however, absolutely impassable.
2. The tightest part of the stricture is that in front.
3. The unconditional use of a catheter would, in such a state of the parts, certainly intensify the difficulty by calling into play a new source of resistance, in the form of normal muscular antagonism, to its passage—a force that is ever on the alert to oppose the enforced passage of a foreign body through the urethra into the bladder.
4. This automatic force can be brought under complete control by an act of volition, and not only so, but be made to impart to the stric-

tured canal the greatest amount of patency and passivity of which it is capable.

5. The means to this end consist in making the patient bring the sphincters or detrusors of the bladder and urethra into a state of absolute rest by voluntarily, but gradually, calling into powerful action their antagonists, the expulsors or accelerators, and using the catheter whilst the force thus elicited is kept in a state of strain.

6. This mode of palsying the detrusors has another advantage which anæsthesia does not possess, since it assists the surgeon by employing the urine as a dilator, and thus reduces the resistance of the stricture slit.

In the case before us the method thus indicated was carried out as follows: The patient was made to stand, supported by assistance, upright against a firm support, with outstretched legs—a position I always insist upon in catheterisation if feasible.—and being prepared with a well-warmed and oiled silver catheter (No. 4, at a venture, in this case), he was called upon to make an effort to pass his water and to gradually increase it to the extent of his power, always under the impressed conviction that he will succeed. After straining thus for a few seconds, and being required to keep up the act until he had permission to relax it, the point of the instrument was gently insinuated into the urethra, and carried on to the stricture. By careful exploration I was soon satisfied that its point and the slight force I was using were in a line with the axis of the canal, and that the entrance of the stricture had been reached. This I felt, for I had contrived to slide the instrument along the floor of the passage to the furthest point I could reach in any part of the canal, and by the sense of a slight grip of its point which was given me on making a simple move of the instrument on-wards, I was sure that the passage had been gained. The patient still keeping up the strain, with a very little more force the catheter passed through with the usual, not always assuring, jerk. It could not, however, be made to enter the bladder, for its course was interrupted by another stricture at the membranous part of the urethra. This I did not attempt to pass, being satisfied that if the instrument could be retained during the night, the remainder of the passage would be easily passed in the course of the morrow, for the catheter would now indirectly act as an expulsor, and therefore keep in check any renewal of action on the part of any counteracting power. The urine passed abundantly during the succeeding night not through the catheter—for it contained some clotted blood, and if it had not, I should have prevented it by the use of a close-fitting tilette,—but around it; and on my visit the next day, the instrument was passed through with the help of the tip of my forefinger. A

severe rigor followed the first effort, which was subdued by a glass of hot brandy-and-water and one scruple of quinine in the course of the next twenty-four hours.

The subsequent treatment has been daily catheterisation, using a larger catheter each day, and allowing it to remain a few hours on each occasion. On the seventh day a No. 8 was easily passed. I need not refer to the watchful care which is always needed in the after-management of such cases.

I have ventured to ask permission to publish this case, trusting that the principle advocated—viz., that of falling back upon physiological resources as a help in the treatment of severe cases of stricture—might meet with whatever attention it may be thought to deserve.

I may state that I insisted on this method of treating stricture in a paper published in June, 1861; and that, although it called forth but little attention at the time, and I believe less since, I have not failed to employ it in every case requiring it, with invariably the like results. I have also demonstrated it in the course of hospital and private practice, so that it is not entirely without its witnesses.

[Since the foregoing was penned, my friend, Dr. Neale, the able editor of the *Medical Digest*, has called my attention to the fact, hitherto new to me, that Mr. Le Gros Clark enunciated the same views in a lecture delivered by him in June, 1860.]—*London Lancet*.

INJECTIONS OF LINSEED OIL FOR THE CURE OF CHRONIC CYSTITIS.

A man, aged twenty-nine years, entered the hospital December 23, suffering from cystitis of six months' standing. Micturition occurred every hour both day and night. The urine contained a large amount of mucus and pus. The ordinary remedies were used without benefit, and finally Dr. Howe proposed to distend the bladder and keep it so as long as possible. The agent he used was linseed oil; eight ounces were used at each daily injection. After the treatment had been continued for a week, the cystitis improved. The pus and mucus disappeared. Micturition occurred only six times in twenty-four hours, and was unattended with pain.

Another patient, aged forty-nine years, was admitted with cystitis of three months' standing. Urine contained both pus and mucus. Micturition was painful, and occurred eighteen times a day. The injections of linseed oil were used as in the previous case. After eight days the pain abated, and he was able to hold his urine for two hours; but at that time he left the hospital and has not reported since.—*N. Y. Med. Journal*.

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THE NEW MEDICAL BILL.

In this issue we publish in full the New Medical Bill, which has just passed the Quebec Legislature. It may to many of the profession seem somewhat singular that, within two years and a half of the passing of the Act under which we are at the present moment acting, a new Bill should be required. The truth, however, is that the Act assented to in December, 1876, was drawn up somewhat hastily by a representative committee, suddenly organized among representative men at that time in Quebec. Among some of the interests then present at the Capital there had been wide difference of opinion and considerable acrimonious discussion, and when it was decided to prepare a Bill which was to be a compromise, the time given in which the work had to be performed was exceedingly limited. Although every one on that committee certainly did the best he could, the Bill was not long in operation before it was discovered that it contained many weak points, and these points of very considerable importance. As a member of that committee we felt that if the College of Physicians and Surgeons of the Province of Quebec was to receive from the profession the support which such a body was entitled to expect, the College on its part should be willing and in a position to give its members that protection from unlicensed practitioners and charlatans which it was their right to demand. With this object in view certain clauses were introduced, but no sooner were they attempted to be carried into effect than it was found that, so loosely had they been drawn, it was

impossible to enforce them. Again, on the question of a legal tariff, a boon long asked for, the Bill was believed to be satisfactory, but on this point it also failed, and this fact has caused to some, perhaps to many, financial loss. Then the Universities, who gave up rights vested in them by their Royal charter, found the *quid pro quo* which was given them a snare and a delusion. They believed that it gave them the right of selecting their own delegates, while the College claims the right, which never was intended, of electing the delegates named, along with the other governors, at the Triennial Meeting. Under the Act the pretension was perhaps a valid one, but the Universities thought and insisted that the right of representation was almost worthless, if not absurd, if it did not carry with it the right of election, quite independent of any revisatory power on the part of the College. There were other flaws in the Bill, we only name the above as samples. The result was that the College, over a year ago, appointed a committee to revise it. This committee met frequently, and had long discussions, and when the amendments were completed, they were all submitted to eminent counsel, who came to the conclusion that it was better to draft a new Bill entirely, and this was done. The present Bill was drafted by Mr. Mousseau, Q. C., with his attention specially directed to the fact that *one* most important object the College had in view was to be able to protect its own members from the *parasites* who infest every portion of the country. To these clauses great care, we are assured, has been given, and with the present Act the College should be in a position to give that which ever since its organization the profession has been loudly demanding—protection. It is believed also that the tariff has been settled satisfactorily, and that when all the preliminaries have been gone through with, no further trouble will be had in proving its authenticity in a court of justice. In the matter of preliminary education, although the Universities gave up the right of examining their own students, the clause of the old Act was not what it should have been, and at least one school (Victoria College) has taken advantage of it this year, and again exercised this right. It is believed that by the new Act the original intention can now be enforced. We hope that our readers

will read the Act carefully. We especially draw the attention of those who may not yet have registered to the fact that they are liable, under this Bill, for their annual subscription of \$2, to the College, from the time that, under the old Act, the period up to which they were allowed to register, expired by limitation. In other words, under the old Act they were allowed up to 28th December, 1877, to register without incurring a penalty; after that date a penalty was imposed. Under this Act the penalty is remitted, but the member is obliged to pay the annual subscription to the College as if he had registered.

ASSEMBLY BILL No. 46.

An Act to further amend and consolidate the Acts relating to the Profession of Medicine and Surgery in the Province of Quebec.

WHEREAS it is necessary to further amend and consolidate the laws now in force in the Province of Quebec, for regulating the qualifications and examination of candidates for the study of medicine, surgery and midwifery; for the registration of medical practitioners, and for the infliction of penalties upon persons infringing the provisions of this Act, respecting the practice of medicine, surgery and midwifery; Therefore Her Majesty, by and with the advice and consent of the Legislature of Quebec, enacts as follows:

1. From and after the passing of this act, the act or ordinance of the legislative council of the late province of Quebec, passed in the twenty-eighth year of the reign of his late Majesty King George the third, and intituled, *An act or ordinance to prevent persons practising physic and surgery within the Province of Quebec, or midwifery within the towns of Quebec and Montreal, without license*, and all other acts or parts of acts, in any manner relating to the practice of medicine, surgery or midwifery in the Province of Quebec, or in any manner relating to the mode of obtaining licenses to practise medicine, surgery or midwifery therein, as well as the act 40 Vict., chap. 26, intituled: "An act to amend and consolidate the acts relating to the profession of medicine and surgery in the Province of Quebec," assented to on the 28th of December 1876, shall be and are hereby repealed, except in so far as relates to any offence committed against the same or any of them, before the passing of this act, or any penalty or forfeiture incurred by reason of such offence.

2. All persons resident in the Province of Quebec, authorized to practise medicine, surgery or midwifery therein, and who at the time of the passing of the present act shall have been

registered under the act 40 Vict., chap. 26, and all persons resident in the Province of Quebec and licensed to practise medicine, surgery and midwifery therein who at the time of the passing of this act shall not have been registered under 40 Vict., chap. 26, but who shall hereafter become registered under the present act—and all persons who may hereafter obtain a license to practice medicine, surgery and midwifery in this province, and become registered under the present act, shall be and are hereby constituted a body politic and corporate by the name of: *The College of Physicians and Surgeons of the Province of Quebec*, and shall by that name have perpetual succession and a common seal, with power to change, alter, break or make new the same; and they and their successors, by the name aforesaid, may sue and be sued, implead and be impleaded, answer and be answered unto in all courts and places whatsoever, and, by the name aforesaid, shall be able and capable in law to have, hold, receive, enjoy, possess and retain for the ends and purposes of this act, and for the benefit of the said college, all such sums of money as have been or shall at any time hereafter be paid, given or bequeathed to and for the use of the said college; and by the name aforesaid, shall and may at any time hereafter, without any letters of mortmain, purchase, take, receive, have, hold, possess and enjoy any lands, tenements or hereditaments, or any estate or interest derived or arising out of any lands, or tenements or hereditaments, for the purposes of the said College, and for no other purposes whatever; and may sell, grant, lease, demise, alienate or dispose of the same, and do or execute all and singular the matters and things that to them shall or may appertain to do; provided always that the real estate so held by the said corporation shall at no time exceed in value the sum of twenty thousand dollars.

3. From and after the passing of this act, the persons who compose the College of Physicians and Surgeons shall be called: "Members of the College of Physicians and Surgeons of the Province of Quebec."

4. The affairs of the said College shall be conducted by a board of governors, forty in number, chosen, as hereinafter set forth, for three years; viz.: thirty shall be elected from amongst the members of the College, and ten nominated by the Universities, Colleges and incorporated Medical Schools, hereinafter named: said thirty members to be chosen as follows: thirteen from amongst the members of the College resident in the district of Quebec; eleven from amongst its members resident in the district of Montreal; three from amongst its members resident in the district of Three Rivers; three from amongst its members resident in the district of St. Francis; and the said ten nominated governors shall be appointed as

follows:—the University of Laval at Quebec shall name two, and the same shall be chosen from amongst the members of the said College residing in the City of Quebec; the University of Laval at Montreal shall name two, the University of McGill, two, the University of Bishop's College, two, and the incorporated School of Medicine and Surgery of Montreal affiliated with the University of Victoria College, or with any other British University, two, which said nominated governors shall be chosen from amongst the members of the said College of Physicians and Surgeons residing in the city of Montreal; provided that in any time the city of Montreal shall not have more than ten governors and the city of Quebec eight. The governors to be appointed by the institutions mentioned in this section, shall not require to have their appointment confirmed or approved by the said College, but on presenting their certificate of nomination, shall be eligible to take their seats and enter upon their functions.

In case any of the Universities, Colleges or incorporated medical schools now existing in the Province of Quebec, should cease to have its students taught the science of medicine, the power of appointing delegates, as hereinbefore provided, shall cease *ipso facto*, and can only be revived when such institutions or any of them, shall *bonâ fide* resume their teaching.

At each election of the board of governors, every member of the said corporation shall have the right of voting by proxy;

2. The aforesaid district of Quebec shall comprise the present judicial districts of Quebec, Gaspé, Saguenay, Chicoutimi, Rimouski, Montmagny, Beauce and Kamouraska;—the district of Montreal shall comprise the present judicial districts of Montreal, Terrebonne, Joliette, Richelieu, Bedford, St. Hyacinthe, Iberville, Beauharnois and Ottawa;—the district of Three-Rivers shall comprise the present judicial districts of Three-Rivers and Arthabaska;—and the district of St. Francis shall consist of the present judicial district of St. Francis,

3. The members of the Board of Governors shall be elected for a period of three years, but any member may resign his appointment at any time, by letter addressed to the secretary of the said board, and upon the death or resignation of any member of the said board, it shall be the duty of the secretary forthwith to notify the University or body wherein such vacancy may occur, of such death, resignation or removal, and such University or body, shall have the power to nominate another duly qualified person to fill such vacancy; or if the vacancy be caused by the death, resignation or removal from the electoral city or district of any member elected from the electoral cities or districts, the Board of Governors shall fill up such vacancy from amongst the eligible members of the col-

lege in the city or district where such vacancy shall have occurred, by an election by ballot, at the next ensuing meeting subsequent to the occurrence of such vacancy; and in the event of any vacancy occurring in the said board of governors in consequence of any of the said institutions ceasing to teach, the place of said governors shall be filled in the same manner from amongst the members of the said college, residing in the city wherein such institution was located, during the suspension of such institution to teach as hereinbefore set forth; and it shall be lawful for the Board of Governors to exercise, during any such vacancy, the powers of the board hereinafter mentioned.

5. The said board of governors shall be, and are hereby constituted "The Provincial Medical Board," in which capacity they shall meet to perform the several duties devolving upon them under this act, as the Board of Governors of the College, not less than twice in each year, at such time and place as by them shall be deemed most fit, and on which occasions seven shall be a quorum for the transaction of business.

6. From and after the passing of this act, no person shall practise medicine, surgery or midwifery in the Province of Quebec, unless he shall have obtained a licence from the Provincial Medical Board, which is hereby authorized to issue such licence.

7. Every person who has obtained, or may hereafter obtain, a medical degree or diploma in any University or College, mentioned in section 4 of this act, shall be entitled to such licence without examination as to his medical knowledge and skill, provided that such diploma shall have only been given after four years of study of the medical profession, from the date of his admission to study, and according to the requirements of the existing law; provided also that the "Provincial Medical Board" shall have the power to grant the same privilege to holders of diplomas of Medicine and Surgery from other British, Colonial or French Universities or Colleges.

8. From and after the passing of this act, no person shall be admitted as a student of medicine, surgery or midwifery, unless he shall have obtained a certificate of qualification from the Provincial Medical Board;

And no one shall be entitled to the licence of the college, on presentation of a diploma, unless he shall have been previously admitted to the study of medicine, in accordance with the provisions of this act, or unless he shall have passed an equivalent preliminary examination before a college, school or board, authorized by law to require and cause such preliminary examinations to be passed in her Britannic Majesty's possessions, elsewhere than in the Province of Quebec, and acceptable to the board created by this act.

9. At the first regular meeting of said board, after the passing of this act, there shall be appointed by the Provincial Medical Board, for three years, subject to the continued approval of the board, four persons actually engaged in the work of general education in the Province of Quebec, to examine all persons about to begin the study of medicine, surgery and midwifery, on the subjects of general education hereinafter mentioned, as belonging to the preliminary qualification of medical students, viz.—one examiner of French and one of English nationality for the city of Montreal, and one of French and one of English nationality for the city of Quebec. The subjects of the preliminary qualification to be English or French, Latin, Geography, History, Arithmetic, Algebra, Geometry, Belles-lettres and any one of the following subjects:—Greek, Natural or Moral Philosophy; and the candidate to present a certificate of good moral character; provided that all medical students who, before the passing of this act, shall have passed their preliminary examination before the examiner or examiners of any University, incorporated school of medicine or Provincial Medical Board, shall not be required to pass before the examiners mentioned in this section.

10. Every person wishing to obtain a licence to practise medicine, surgery and midwifery in this province, and to be registered under this act, and who shall not have obtained a degree or diploma in medicine, surgery and midwifery from any of the institutions mentioned in section 4 of this act, shall, before being entitled to such licence, and to registration in this province, pass an examination as to his knowledge and skill, for the efficient practice of medicine, surgery and midwifery before this board; and, upon passing the examination required, and proving to the satisfaction of the examiners that he has complied, in an institution for the teaching of Medicine in Her Majesty's Dominions, with the rules and regulations made by the Provincial Board, and, on payment of such fees as the Board may by general by-law establish, such person shall be entitled to a licence to practise medicine, surgery and midwifery in the province of Quebec.

11. All persons coming from any recognized college outside of Her Majesty's possessions, and who are desirous of obtaining a licence from the College, must previously pass the preliminary examination before the examiners appointed by the Provincial Medical Board, or establish, to the satisfaction of the Board, that they have already passed an equivalent examination; they must, moreover, follow, in one of the Schools of Medicine in this Province, a complete course, [for six months] of lectures, and such other course or courses as shall be necessary to complete the curriculum required by the board; they shall also pass a professional examination

before the Provincial Medical Board. Such persons may pass their professional examination immediately after their preliminary examination.

12. The said Board of Governors of the College of Physicians and Surgeons shall have power:

1. To regulate the study of medicine, surgery and midwifery, by making rules with regard to the preliminary qualification, duration of study, curriculum to be followed, and the age of the candidate applying for a licence to practise; provided always that such rules shall not be contrary to the provisions of this act;

2. To examine all credentials, all certificates of admission to study or of attendance at lectures and all other documents purporting to entitle the bearer to a licence to practise, and all diplomas, or other degrees, qualifications sought to be registered in this Province, and to oblige the bearer thereof to attest on oath (to be administered by the chairman for the time being) that he is the person whose name is mentioned therein, and that he became possessed thereof legally;

3. To cause every member of the profession now practising, or who may hereafter practise in the Province of Quebec, to enregister his name, age, place of residence, and nativity, the date of his licence and place where he obtained it, in the books of the College;

4. To fix the period of probation which persons must undergo before being eligible for election as governors of the College, which period shall not be less than four years, and to make all such rules and regulations for the government and proper working of the said corporation, and the election of a president and officers thereof, as to the board of governors may seem meet and expedient, which said rules and regulations shall, before they shall come into effect, be sanctioned by the Lieutenant Governor of this Province, after the same shall have been submitted to him for approval and by him allowed.

13. The Provincial Medical Board shall, from time to time, as occasion may require, make rules and regulations:

1. For the guidance of the examiners, and to prescribe the subject and mode of examinations, the time and place of holding the same, and generally shall make all such rules and regulations in respect of such examinations, not contrary to the provisions of this act, as they may deem expedient and necessary;

2. To regulate the study of medicine, surgery and midwifery with regard to the preliminary qualifications, duration of study and curriculum of studies to be followed by the students; provided always that such rules shall not be contrary to the provisions of this act, and that any change in the curriculum of studies

fixed by the board shall not come into effect until one year after such change is made;

3. To appoint assessors either out of its own body, or from among the registered members of the College, to visit and attend the medical examinations of the various Universities, colleges and incorporated schools of the province, and to report to the Provincial Board upon the character of such examinations; but such assessors shall not be chosen out of any of the teachers in any one of the said Universities, or incorporated schools, and should such report be, at any time, unfavorable to any University, college or incorporated school, the Provincial Board shall in such case, and under such circumstances, have the power to refuse the license and the registration of the degree or diploma of the institution so reported upon, until such examination shall have been amended;

For such purpose the Provincial Board shall appoint or elect assessors, two or more of whom shall attend the examinations at each University, college or incorporated medical school, in accordance with a by-law to be hereafter passed by the Board;

It shall be the duty of the above institutions to notify the Provincial Board of the time or times at which their examinations shall be held, at least one month previous to such examinations;

4. To make tariffs of rates to be charged in towns and country, for medical, obstetrical or surgical advice, or for attendance—or for the performance of any operation, or for any medicines which shall have been prescribed or supplied;

5. Such a tariff, to be valid, must be approved by His Honor the Lieutenant-Governor of the Province of Quebec in Council, and can only come into force six months after the publication of such tariff, as well as of the order in council approving the same, at least once in the Official Gazette of the Province of Quebec;

Such tariff shall not, in case of suit, obviate the necessity of proof of giving the advice, care, prescriptions, medicines and other things therein mentioned, according to the laws then in force.

14. The Provincial Medical Board shall have the power to fix, by by-law, the salary or fees to be paid to the officers, to the examiners and to the assessors appointed by the said board; as well also, the fees to be paid by all candidates entering on the study of medicine, as also by all candidates for licence to practise medicine, surgery and midwifery, as well as the fee to be paid for registration; and the said board may dispose of all fees received in whatever manner they may think most conducive to the interests of the college.

15. The qualifications to be required from a candidate for obtaining a licence, authorizing him to practise medicine, surgery and mid-

wifery, shall consist in his holding a certificate of study from a licensed physician, for the period intervening between the course of lectures which he has followed; that he is not less than twenty-one years of age; that he has followed his studies during a period of not less than four years, commencing from the date of his admission to the study of medicine by this board, and that, during the said four years, he shall have attended, at some University, college or incorporated school of medicine, within Her Majesty's dominions, not less than two six months' courses of general or descriptive anatomy—of practical anatomy—of surgery—of practice of medicine—of midwifery—of chemistry—of *materia medica* and general therapeutics—of the institutes of medicine—of physiology and general pathology—of clinical medicine and of clinical surgery;—one six months' course or two three months' course of medical jurisprudence,—and one three months' course of botany,—one three months' course of hygiene, and a course, of not less than twenty-five demonstrations, upon microscopic anatomy, physiology and pathology; also, that he shall have attended the general practice of a hospital in which are contained not less than fifty beds, under the charge of not less than two physicians or surgeons, for a period of not less than one year and a half, or three periods of not less than six months each; and that he shall also have attended six cases of labour, and compounded medicine for six months. And to remove all doubts with regard to the number of lectures which the incorporated schools of medicine of the province of Quebec are bound to give, it is enacted and declared, that each six months' course shall consist of one hundred and twenty lectures, except in the case of clinical medicine, clinical surgery and medical jurisprudence. Of the four years' study required by this act, three six months' sessions at least shall be passed in attendance upon lectures at a University, college or incorporated school of medicine recognized by this board; the first whereof shall be so passed the session immediately succeeding the preliminary examinations.

16. All persons obtaining the licence to practise from the College of Physicians and Surgeons of the Province of Quebec shall be styled members of the said college, but shall not be eligible as governors within a period of four years from the date of their admission as members; and the said election of governors shall be made under such rules and regulations therefor, and in such manner as the said Board of Governors shall ordain. The members of the College shall pay the sum of two dollars a year for the use of the College.

17. The Provincial Medical Board shall have the power to make rules and regulations respecting the admission of females to the study and practice of midwifery in this province, and

shall determine the degree, the nature and extent of knowledge and qualifications required from women who wish to practise midwifery, provided always that all females who at the time of passing of this act shall have been legally qualified to practise as midwives in this province, shall retain that right, but shall be required to conform to such rules and regulations as may hereafter be made by the college of physicians and surgeons of Quebec, respecting them.

Nothing in this section, or in the by-laws which may be made, shall prevent, as it occurs often, women in the country from practising midwifery or assisting midwifery without being admitted to the study or the practice of midwifery.

18. The Provincial Medical Board shall cause to be kept by the registrar a book or register, to be called the Register, in which shall be entered, from time to time, the names of all persons who shall have been duly licensed and registered under act 40 Vict., cap. 26, or under this act, and who shall have complied with the enactments hereinafter contained, and with the rules or regulations made or to be made by the Provincial Medical Board, respecting the qualifications to be required from practitioners of medicine, surgery, and midwifery, in the Province of Quebec; and those persons only whose names have been or shall hereafter be inscribed in the register above mentioned shall be deemed to be qualified and licensed to practise medicine, surgery and midwifery in the Province of Quebec; and such register shall at all times be open and subject to inspection by any duly registered practitioner in the province, or by any other person.

19. It shall be the duty of the registrar to keep the register correct, in accordance with the provisions of this act, and the orders and regulations of the Provincial Medical Board, and he shall, from time to time, make the necessary alterations in the addresses or qualifications of the persons registered under this act; and the said registrar shall perform such other duties as shall be imposed upon him by the Provincial Medical Board.

20. The Registrar of the College, under the direction of the Board of Governors, shall cause to be printed and published and distributed to the members of the college, from time to time, a copy of the register of the said names, which he shall place in alphabetical order, inserting the names and surnames, respective residences, medical titles, diplomas and qualifications conferred by the College or other medical body, with the date of the same, of the persons appearing on the then existing register at the date of such publication, and such register shall be called the "Quebec Medical Register"; and a printed copy of such register, certified under the hand of such Registrar as such, shall

be *prima facie* evidence before all courts, and all justices of the peace and others, that the persons therein named and entered have been registered in accordance with the provisions of this act; and the absence of the name of any person from such copy shall be *prima facie* proof that such person has not been registered in accordance with the requirements of the said act; provided always that in such case, where a person's name does not appear on such printed copy, a copy or an extract from the Register, certified by the Registrar of the College, of the entry of such person's name on the Register, shall be proof that such person is registered in accordance with the provisions of the present act, and a certificate under the hand of the Registrar, that any member whose name appears on the Register has paid his annual contributions to the college, shall be received in all courts of justice as *prima facie* evidence that such payments have been made.

21. If the registrar be convicted of a felony, he shall be disqualified from again holding any office in the College.

22. Every member of the medical profession who, at the time of the passing of this act, may be possessed of a licence from the College of Physicians and Surgeons of Lower Canada, to practise medicine, surgery and midwifery in the Province of Quebec, and who shall not have been registered under the act 40 Vict., chap. 26, shall, on the payment to the registrar of the fee of one dollar, and all annual dues and contributions by him due and payable to the heretofore college of physicians and surgeons of this province, enacted under the act 40 Vict., chapter 26, be entitled to be registered, on producing to the registrar the document conferring or evidencing the qualification, or each of the qualifications, in respect whereof he seeks to be so registered, or upon transmitting by post to such registrar information of his name and address, and evidence of the qualifications in respect whereof he seeks to be registered, and of the time or times at which the same was or were respectively obtained; provided always that he so register within one year after the passing of this act.

23. Any person required or entitled to be registered under this act, but who shall neglect or omit to be so registered, shall not be entitled to practise medicine, surgery or midwifery, or to any of the rights or privileges conferred by this act, so long as such neglect or omission continues, and he shall be liable to all the penalties imposed by this act, or by any other act which may now be in force, against unqualified or unregistered practitioners; and he shall, moreover, pay to the College of Physicians and Surgeons of the Province of Quebec a fine of five dollars every year until he is registered, which fine or penalty may be recovered before the Circuit Court for the

county or district in which such person so in default shall reside, for, by and in the name and to the use of the said Corporation constituted by the present act, under the name of "The College of Physicians and Surgeons of the Province of Quebec."

24. Any person who has attended medical lectures, during three sessions of any medical school, in the British Dominions, and who has been actually engaged in the practice of the profession of medicine for a period of over thirty years in this province, may, on proof of these facts, to the satisfaction of the provincial medical board, and produces moreover, a certificate signed by two resident medical practitioners, in the neighbourhood where he has practised, that he has succeeded in his profession, and is entitled to the consideration of the board, be entitled to a licence to practise medicine, surgery and midwifery in this province and to registration without examination.

25. No person, unless otherwise duly authorized, shall be entitled to recover any charge, in any court of law, for any medical or surgical advice, or for attendance, or for the performance of any operation, or for any medicine which he shall have prescribed or supplied, or be entitled to any of the rights or privileges conferred by this act, unless he shall prove that he is registered under this act, and has paid his annual contribution to the College.

26. No certificate required by this or any act now in force, from any physician or surgeon or medical practitioner, shall be valid, unless the person signing the same be registered under this act.

27. Any registered member of the medical profession, who shall have been convicted of any felony, in any court, shall thereby forfeit his right to registration, and, by the direction of the Provincial Medical Board, his name shall be erased from the Register; or, in case a person known to have been convicted of felony shall present himself for registration, the registrar shall refuse such registration.

28. Any person not entitled to be registered in this Province, who shall be convicted, upon the oath of one or more witnesses, of having practised medicine, surgery or midwifery in the province of Quebec in contravention with the provisions of this act, after the passing of this act, for hire, gain, or hope of reward, shall incur a penalty of not less than twenty-five dollars, nor exceeding one hundred dollars;

2. A like penalty shall be incurred by every person assuming, after the passing of this act, the title of doctor, physician or surgeon, or any other name implying that he or she is legally authorized to practise medicine, surgery or midwifery in this Province, if unable to establish the fact by legal proof, as required by the present act, and the laws of the country.

3. Any person who, after the passing of this act, in an advertisement published in a newspaper, or in written or printed circulars, or on business cards, or on signs, assumes a title, name or designation of such a nature as to lead the public to suppose or believe that he or she is duly registered or qualified as a practitioner of medicine, surgery or midwifery, or any of such branches of the medical profession, or any person who offers or gives his or her services as physician, surgeon or accoucheur, for hire, gain or hope of reward, if he or she be not duly authorized or registered in this Province, shall, in each such case, incur a like penalty of not less than twenty-five, nor more than one hundred dollars;

4. In every prosecution under this act, the proof of registration shall be incumbent upon the party prosecuted;

5. The recovery of the penalties enacted by the present section 27, shall be sued for in the same form as ordinary simple civil actions, before any circuit or superior court of the district in which the delinquent may reside, or of the district in which the infringement of this act was committed, in the name of the "College of Physicians and Surgeons of the Province of Quebec;" and the court so seized of the suit shall, if the proof appear satisfactory, condemn the delinquent or defendant to pay, in addition to the penalty, the costs of suit, and in cases in which the penalty and costs shall not have been paid, it shall order that the delinquent or defendant be imprisoned for a period not exceeding thirty days, in the common gaol of the District in which the action has been instituted; provided always that he may, at any time, claim his discharge, before the expiration of the said thirty days, on paying the penalty and costs to which he shall have been condemned.

6. The penalties imposed by this act shall be recoverable with costs, and the same may be sued for and recovered by the said "College of Physicians and Surgeons of the Province of Quebec," by its corporate name, and, being recovered, shall belong to the said corporation for the use thereof.

And neither in any such suit or in any other civil action to or in which the said corporation may be a party or interested, shall any member of the corporation be deemed incompetent as a witness by reason of his being such member.

29. In all cases where proof of registration under this act is required, the production of a printed or other copy or extract from the register, certified under the hand of the registrar of the College of Physicians and Surgeons of the Province of Quebec, for the time being, shall be sufficient evidence that all persons therein named are registered practitioners, in lieu of the production of the original register; and any certificate upon such printed or other copy of the register, or extract from such register, pur-

porting to be signed by any person in his capacity of registrar of the College, under this act, shall be *prima facie* evidence that such person is such registrar, without any proof of his signature, or of his being in fact such registrar.

30. The present board of governors elected under the provisions of the acts hereinbefore repealed shall be continued, and shall act until after the next triennial election, but subject in all other respects to the provisions of this act; and all by-laws, rules and regulations heretofore made by the said College of Physicians and Surgeons of the Province of Quebec shall remain in force until repealed or modified under the provisions of this act.

31. The officers appointed under the provisions of the acts repealed shall retain their respective offices, and perform their respective duties under the provisions of this act, and all books and registers, heretofore kept by them in conformity with the acts hereby repealed, shall be continued in use for their respective purposes under this act.

32. The College of Physicians and Surgeons of the Province of Quebec is hereby vested with all the rights, powers, privileges, property and assets, heretofore belonging to the College of Physicians and Surgeons of Lower Canada and of the College of Physicians and Surgeons erected under the act 40 Vict., chap. 26.

33. No person licensed to practise as aforesaid and to registry under the said act 40 Vict., chap. 26, shall, by reason of anything contained in this act, be relieved or discharged from the fulfilment of all and every his requirements and obligations, fees, dues, fines and penalties, due and incurred under the said act, to and in favor of the heretofore college under the said late act, and specially in and by the 15th, 20th and 21st sections of the said act, all which shall be recoverable and enforceable against delinquents therefor, by the said college established by this act, and until the same shall have been complied with and settled with the said present college, such delinquents shall not be entitled to any of the rights and privileges conferred upon registered licentiates under this act.

34. It shall be lawful for the president of the college, if he shall deem it expedient so to do, at any time, by an authority under his hand and seal, to authorize, name, constitute and appoint any person or persons other than any of the officers of the said college, whoever he may select, to institute any proceeding against any person who may be supposed to have infringed any of the provisions of this act, and to collect any and all sums of money payable to the said college by any person under this act.

36. Nothing in this act contained shall be construed to affect the rights of any persons under the provisions of the act 28 Vict., cap. 59, and amendments thereto, 29 Vict., cap. 95.

A COMPLAINT FROM OUR FRIENDS ACROSS THE BORDER.

We have been favored with a copy of the Newport (Vermont) *Express* and *Standard* of the 24th of June last, containing an article headed "*A Strange Law*," in which complaint is made that the Act regulating the Practice of Medicine in the Province of Quebec is of so arbitrary a character that Medical men in United States territory bordering on Canada cannot cross over and attend patients. At a first glance, perhaps the complaint may seem a just one, yet a little reflection will, we believe, show that, all things considered, it is not only just but an absolute necessity. It must, of course, be evident to every one that we cannot have what might be termed localized legislation—we cannot have a law to govern the profession over the greater portion of the Province, and another somewhat more loosely drawn for the special benefit, not only of our Canadian practitioners in the border towns but of their American Medical neighbors. This being admitted, it has to be remembered that in this Province no one can enter upon the study of the Medical profession without having first passed a severe examination upon general education, and that four full years from the time of passing this examination have to be devoted to the study of Medicine. This is how Medical men are prepared in the Province of Quebec. While we very willingly admit that from the Medical Schools of the United States there have been sent forth hundreds of men whose names are not alone celebrated in their own land, but who are known and appreciated the world over, yet the fact still remains that in general the preparation is far shorter than it is with us. Some schools admit to study without any preliminary examination, while in those where it is demanded, with one or two exceptions, it is of a very elementary character. Then again, as to the duration of study; while we demand four full years, the American Schools graduate upon very much shorter terms: some few in three Sessions, some in two Sessions, and we have known it done in ten months. When therefore it is considered that the qualifications necessary to enter upon the study of Medicine are so much more severe, and the period of study so much longer with us, it must be evident that we cannot admit to prac-

tice in this country any who have followed courses which fall so much short of that which we demand from our own graduates. The United States is, we believe, the only country which allows free trade in medicine, although it protects, and that in some instances with a vengeance, the general trade of the country. Every other civilized nation, on the contrary, has thought that the lives of the inhabitants was their first care, and have therefore demanded a qualification for examination which as nearly as possible must be alike in all who practise the healing art. This degree of qualification of course varies in different countries. That grievances may in consequence arise is quite likely; they follow in many instances simply as the result of the sharply cut national boundary lines, and while they doubtless cause irritation, so long as we live under different forms of government and are guided by different laws, they must be endured.

Our editorial friend of the *Express* and *Standard* threatens retaliation unless the law is changed, and in this way doubtless some Canadian medical men would suffer. But whether they would suffer long depends entirely upon the character of the retaliation. If the Vermont authorities retaliated by demanding an examination, both preliminary and professional, from all Canadian graduates who desire to practise in that state, they would be doing what is quite within their province, and Canadians would accept the situation and qualify under it. If, however, all the American Medical Schools would adopt the main features of the English and Canadian Medical Acts, we would feel strongly in favor of admitting to examination, without residence, at our Universities and Schools and Licensing Boards any American graduate who might desire it. If this was done, they could then readily qualify to practise in Canada. Reciprocity in medical matters is certainly desirable, but it can never be obtained till the qualifications for examination are increased by our American friends.

THE LATE EDITOR OF THE CANADA MEDICAL AND SURGICAL JOURNAL.

We confess to a feeling of sadness at missing from the cover of the *Canada Medical and Surgical Journal* the name of its late editor, our friend, and, for many years, fellow-editor on the

old *Canada Medical Journal*, Dr. Fenwick. After fifteen years of constant editorial labor he has thrown off the harness, and retired from the work. Identified as he has been so long with Medical journalism in this Province, we also regret that he has seen fit to retire without a single line of valedictory, either to those who for such a length of time have sustained and supported him in his work, or to his fellow-laborers, who always have felt proud to number him one of the editorial fraternity. Speaking for ourselves, we have no hesitation in saying that we regard the retirement of Dr. Fenwick from the Medical press as a loss to the profession of the Dominion. No man was better posted on the medical history of the country, and no one better than he knew the various steps which, since 1847, have been taken to incorporate the profession, and which have done so much to elevate its standing. The value of such knowledge to a medical editor is great. In many questions which have arisen during the period of his journalistic work, his pen has done good service, and although at times, as we all will, he may have erred, we believe that, as a general rule, his views were sound, and that, looking over the past, he has little, if any, cause for regret at the stand he may have taken. In retiring into private medical life Dr. Fenwick carries with him our warmest wishes for his welfare, as well as the hope that, with the additional time which will now be at his disposal, he may be able to identify himself more than ever with that branch of the profession to which he has for many years past more closely devoted himself; in this way he can still further, with others, assist in building up a surgical reputation for our good city of Montreal. In this wish we are confident all his friends join most heartily—and their name is legion.

THE CANADA MEDICAL AND SURGICAL JOURNAL.

The August number of this journal comes to us under new editorial management, Dr. Fenwick, its editor since its foundation in 1872, retiring, and his place being supplied by Dr. Geo Ross and Dr. W. A. Molson. We welcome these two gentlemen upon their initiation into the editorial fraternity, and trust that their pen will never rust, or their fingers weary, in battling for the rights and the advancement of the profession.

REGISTER OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF THE PROVINCE OF QUEBEC.

We have received a copy of this register, giving the names of all those who have registered since the passing of the Medical Act of December, 1876. It will prove a useful document to many. We, however, regret to notice that it contains a great many errors, some of them so exceedingly absurd that it is not creditable they should have escaped notice.

ANIMAL VACCINATION.

The *Dublin Medical Press* of July 16th, says: A bill has been brought in by Dr. Cameron, Earl Percy, Dr. Lyon Playfair, and Dr. Lush, with the object of procuring the vaccine lymph direct from calves. Under its provisions it will be compulsory on any public vaccinator, whenever the parents of a child shall demand to have it vaccinated with animal lymph, to have it so inoculated, and, in case the demand be not complied with, no prosecution shall lie against the parents for refusing to have the operation performed otherwise. The cost of the lymph shall be defrayed by Parliament. The proposed Act, it should be stated, extends its provisions to the whole of the United Kingdom. It will be in recollection that the guardians of a Galway Union, acting on the advice of their medical officer, resolved, some months ago, to try animal vaccination, and to purchase a calf for that purpose; but the Local Government Board put a veto on that resolution, and declared that the use of vaccine lymph was contrary to the existing law.

OLD-FASHIONED THESES.

The *British Medical Journal* gives a selection of titles of theses defended in the Paris school during the fifteenth and sixteenth centuries. Among them are the following: Does Venus beget and expel disease? Has the plague been sent down from heaven? Has the moon any influence on the humors of the body? Are short women more fruitful than tall women? Is it healthy for old people to put themselves into a passion? Are heroes given to melancholy?

A PEN WORTH RECOMMENDING.

We have been favored with samples of the celebrated Spencerian Double Elastic Steel Pens, and after trying them feel justified in highly commending them to our readers. They are made of the best steel, and by the most expert workmen in England, and have a national reputation for certain desirable qualities which no other pens seem to have attained in so great perfection, among which are uniform evenness of point, durability, flexibility, and quill action. It is thus quite natural that the Spencerian should be preferred and used by professional penmen, in business colleges, counting-rooms, government offices, public schools, and largely throughout the country. Indeed, so popular have they become, that of the "Number One" alone, as many as eight millions are sold annually in the United States.

The Spencerian Pens may be had, as a rule, from any dealer; but, when not thus obtainable, the agents, Messrs. Alexander Buntin & Co., 345 St. Paul Street, Montreal, will send for trial, samples of each of the twenty numbers on receipt of twenty cents.

PERSONAL.

Dr. Ackland, F.R.S., of Oxford, England, is at present in Boston. He visited this country in 1860, as Physician to His Royal Highness the Prince of Wales. Dr. Ackland intends visiting Her Royal Highness the Princess Louise about the time of her Toronto reception, and it is expected that he will be present at the Meeting of the Canada Medical Association at London, Ont., on the 10th of September.

Dr. Irvine (M.D., McGill College, 1866), who has for some time resided in Africa, was in Montreal early in August on a brief visit. It is stated that shortly before his departure from Africa, he was taken into the interior to visit one of the native kings who was ill, and that his attendants only travelled by night, so that the route they took should not be known by him. No white man had ever previously been in that portion of the country to which he was taken. On his arrival the king was dead. He remained to the inaugural festivities of the new king, and was the object of great curiosity. Previous to his leaving the River Congo, his new patient deposited with the merchants on the Gold Coast a handsome ransom for his safe return.

Dr. Venner (M.D., Bishop's College, 1874) is in practice at Campbellton, New Brunswick.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL—
JULY 25TH.

Present: Dr. H. Howard (President), Drs. Perrigo, Hingston, Shepherd, R. P. Howard, Osler, Trenholme, Bell, Roddick, Armstrong, Loverin, Kerry, Kennedy, Wilkins, Finnie, Gardner, Smith, F. W. Campbell and Burland.

Drs. Hawes and Ross, of Detroit, were introduced to the members as visitors by Dr. Bell.

Dr. Osler exhibited a specimen of perforating ulcer of the stomach immediately at the pyloric ring. Rupture had taken place during exertion with a full stomach. The case occurred in the practice of Dr. Finnie, and as it presented many features of clinical interest, Dr. Finnie was requested to make it the subject of a separate communication for the next meeting. Dr. Osler then proceeded to demonstrate by means of specimens and illustrative diagrams the chief points in the medical anatomy of the brain. Dr. Dalton's apparatus for slicing the entire brain was shown. By means of it the whole organ can be divided into 8 or 10 vertical or transverse sections, and the relations of the parts or of a focus of disease very accurately shown.

The interest of the evening centered in preparations of the entire brain made after a process of Giacomini's, of Turin, by means of which the organ retains its form and colour, is firm, can be handled, and looks like a beautiful wax model. The method is briefly as follows: Brain is put into solution of zinc chloride (about 50 p. c.); on second day remove membrane, turn in the fluid two or three times a day. At first it floats in the solution, but gradually sinks. Let it remain until it no longer sinks (ten or twelve days), then transfer to alcohol of commerce for ten days, after which it is immersed in glycerine of commerce with one per cent. of carbolic acid added. At first it floats, but gradually sinks as the glycerine is absorbed, and can be removed when it gets just level with the liquid. Set aside for several days till the surface is dry, and then cover with gum-elastic varnish.

The specimens exhibited had the convolutions labelled and Ferrier's centres marked out,

and the general relations of these parts were discussed. Dr. Osler then explained a diagram illustrative of Flechsig's views on the columns of the cord, and spoke of the connections of various columns with the brain. Our present knowledge had been arrived at by two independent ways,—first, by morbid anatomy, which had long ago shown the course of certain columns of descending generations which follow cerebral lesions; second, by embryological investigations which have thrown great light in the development of the spinal tracts and their connection with the brain.

In moving a vote of thanks, Dr. R. P. Howard spoke of the value pathological investigations had been and were likely to be in the localization of the functions of the brain.

OLIVER C. EDWARDS, M.D.,
Secretary.

VENEREAL WARTS.

A writer in the *British Medical Journal* has successfully removed these growths by powdering over the surface twice daily with equal parts of burnt alum and tannin. As these growths occur chiefly in situations where mucous or skin surfaces are in contact and moist, this plan suggests itself. In the first case in which he applied it the warts were easily rubbed off in the course of three or four days, and other cases have given equally good results.

HOW TO GIVE PODOPHYLLIN.

This drug is especially valuable in small and continued doses, as an alterative. But it should not be given in pill form, as it acts, in that shape, irregularly and sometimes disastrously. Dr. Horace Dobell, of London, recommends the following as a most satisfactory form for its exhibition:

R. Podophylli..... gr.ij
Essentiæ zingiberi..... mij
Spir. vini. rectif.....ad. ʒ ij M.

Sig. A teaspoonful in a wineglassful of water every night, or every second, third or fourth night, as required.

He has used this prescription for years "with the happiest results."

BIRTH.

At Gentilly, on the 29th July, the wife of J. E. A. Lanouette, Esq., M.D., of a son.

Pharmaceutical Department.

A. H. KOLLMYER, M.A., M.D., Editor.

OLEO-MARGARINE, OR BULL-BUTTER.—Some of our readers may recollect the outcry that was raised some years ago against the artificial butter made from beef's fat. Our newspapers took the lead in decrying the article and driving it out of the market. It fared no better in the Eastern States, and a law was enacted in New York prohibiting its sale. At that time we ventured to defend it as a cleanly and wholesome article of food, but the defence only provoked the ridicule and reproach of some of our contemporaries, particularly of an English medical periodical. It now appears that this product, this *bull-butter*, as it was sneeringly styled, has become a staple of the European dietary. According to a New York paper, it is exported from America in large quantities to England, France and Germany, where no prejudice exists against it, and where it has been manufactured publicly, and as publicly sold, for many years. In England it is called "butterine," and for all pastry and cooking uses it is there deemed better than the genuine product of the dairy. So extensive has the exportation of oleo-margarine and butter made from it become already, that during several months past the average has been fully one million pounds per month, and the quantity is limited to that amount only because those who are engaged in its manufacture cannot find the material in suitable condition for the production of more. In order to extract the little yellow globules called oleo-margarine from the fat of slaughtered animals, it is necessary that fat shall be put under the required process immediately after being taken from the animal. This makes it a requisite that the manufactory be within ready reach of the slaughter-house, and in order to have the production of it profitable, it is indispensable that the works be placed near to only very large slaughter-houses. In meeting these requirements the producers of oleo-margarine are, of course, limited to the quantity of desirable fat which they can procure from their sources of supply, and thus far all that they can secure does not enable them to prepare for the foreign markets more than the quantity named.—*Pacific Medical and surg. Journal*).

MINT CULTURE IN NEW YORK.—Mr. H. G. Hotchkiss commenced the cultivation of mint in 1841, in the neighborhood of Lyons, Wayne County, New York. He produced at first 1600 to 2000 lbs. annually, and, thanks to his intelligent method of cultivation and the minute care which he employed in the distillation of the plants, the oil of his stamp was soon celebrated as the finest, the purest, and the best in the United States. Mr. H. G. Hotchkiss afterward

extended this industry considerably. He has made large new plantations, and a great part of the land which he purchased can be submerged at will during the winter, in order to preserve the plants from the severe cold. Hundreds of laborers spend their care upon the fragrant herbs which cover this large property. One acre of land produces yearly 20 lbs. of mint, and Mr. H. G. Hotchkiss sends yearly more than 50,000 lbs. of this valuable liquid to his different agents, who distribute it through the whole world.

COMPOSITION OF CERTAIN POPULAR NOSTRUMS—*Walker's California Vegetable Vinegar Bitters*.—Each bottle contains from nineteen to twenty fluid ounces, consisting of a decoction of aloes and a little gum guaiac, anise seed and sassafras bark, in water slightly acidulated with acetic acid, possibly the result of secondary fermentation, or added in the form of sour cider. Each bottle contains also about one ounce of Glauber's salt, one-quarter of an ounce of gum arabic, and from one-half to one ounce of alcohol. (Eberbach, Hoffmann, Nichols.)

Brandreth's Pills.—Each box contains twenty-four or twenty-five pills, weighing about two and one-half grains. The twenty-four pills consist of ten grains of podophyllum root, ten grains of extract of the same, thirty grains of the extract of poke berries, ten grains of powdered cloves, from two to five grains of gamboge, traces of Spanish saffron, and a few drops of oil of peppermint. (Hager.)

Rudway's Ready Relief.—This is a light brown liquid, consisting of eight parts of soap liniment, one part of the tincture of capsicum, and one part of aqua ammonia. (Hager, Heckolt, Hoffmann.)

Rudway's Renovating Resolvent.—Each bottle contains about six fluid ounces of a vinous tincture of cardamom and ginger sweetened with sugar. (Hager.)

Pierce's Golden Medical Discovery.—Each bottle contains one drachm of the extract of lettuce, one ounce of honey, one-half drachm of the tincture of opium, three ounces of dilute alcohol, and three ounces of water. (Hager.)

Pierce's Favorite Prescription.—A greenish-brown turbid liquid, consisting of a solution of one-half ounce of sugar, one drachm of gum arabic, in eight ounces of a decoction made from two drachms of sarsaparilla, two drachms of white agaric, one and one-quarter drachms of cinnamon, and two drachms of cinchona bark; to this mixture are added one-half drachm of tincture of opium, one-half drachm of tincture of digitalis, and a solution of eight drops of oil of anise in one and one-half ounces of alcohol. (Hager.)

Van Buskirk's Fragrant Sozodont.—A red liquid consisting of a solution of one-half drachm of white castile soap in one ounce of alcohol,

three-quarters of an ounce of water, and one-quarter of an ounce of glycerine, colored with cochineal, and flavored with oils of winter-green, cloves and peppermint. The powder which accompanies each bottle consists of a mixture of precipitated chalk, powdered orris root and carbonate of magnesia. (Wittstein, Hoffmann.)

The above are taken from Hoffmann's "Popular Health Almanac," a publication which is meant to serve as an antidote to the numerous almanacs distributed broadcast through the country as a means of advertising various patent nostrums.

SQUILLS.—

THE *urgingia scilla* is a Liliaceous plant, The bulb of which, when sliced and dried, they bring from the Levant;

A stimulant-expectorant, in grains from one to three,

It is, with ammoniacum, the best in the B. P.; And mixed with ipecac, it will with speed relieve the chest,

While as a diuretic digitalis suits it best.

In grains from six unto fifteen, so Scoresby-Jackson saith,

It may be an emetic, and two dozen caused a death;

For it's an acrid-soporific poison much to fear, It purges, brings on strangury, and griping most severe.

There's soap and ammoniacum and ginger in the pill,

And treacle, and there's one in five of finely-powdered squill.

Acetum Scillæ as to strength is one in eight, or so,

With fifteen minim dose begin, and up to forty go;

With it are made the oxymel, so often bad in shops,

And syrup—both from half a drachm as high as sixty drops.

Fifteen drops to half a drachm of tincture is the dose,

And having said it's one in eight, my rhyme is at a close.

A. L., in the *Student's Journal*.

CAUTION IN REGARD TO CALOMEL.—M. Jolly, in *La France Médicale*, records some experiments which indicate the danger of exposing calomel to the light, or of administering or keeping it in combination with unrefined, or partially refined, sugar, which may contain hydrated lime, or acids, or of mixing it with acids or alkalies, or the carbonate of the latter, or with calcined magnesia, as under all these conditions there is a tendency to the formation of corrosive sublimate. Thus, calomel should not be used in the form of particles, or given with jams which contain acids. The carbonates of lime and magnesia have no effect on calomel.

CHLORAL FOR TOOTHACHE.—Dr. Page, in the *British Medical Journal*, recommends chloral hydrate as a local application in cases of toothache. A few grains of the solid hydrate introduced into the cavity of the tooth upon the point of a quill speedily dissolves there; and in the course of a few minutes, during which a not unpleasant warm sensation is experienced, the pain is either deadened, or more often effectually allayed. A second or third application may be resorted to, if necessary.—*Druggist's Circular and Chemical Gazette*.

Various anodynes will answer the same purpose. Among others, iodoform in one grain dose is a very efficient remedy for dental and facial neuralgia—*Medical Cosmos*.

TOOTHACHE DROPS.—The *Dental Cosmos* for November, 1878, publishes the following formulas:

1. *R. Chloroform*, Sydenham's laudanum, 3 ii; tinct benzoin, 3 i. 2. *R. Creasote*, chloroform, aa 3 ii; Sydenham's laudanum, 3 vi; tinct. benzoin, 3 i. 3. *R. Oil of peppermint*, rhogalene, chloroform, aa 3 iii; camphor, 3 ii. 4. *R. Chloral*, camphor, aa 3 i; morphia, gr. ii; oil of peppermint, 3 ii.

A DURABLE CEMENT.—This cement, which will not only withstand the action of concentrated and dilute acids, but is also refractory against alkaline leys, ether, alcohols, bisulphide of carbon, benzole, and other dissolving substance, consists simply of a mixture of commercial glycerine and finely pulverized litharge. In mixing glycerine and litharge, a paste is obtained which will harden, in from ten to thirty minutes, depending on the larger or smaller amount of litharge taken. With this cement, all metals, and, in fact, all solid bodies, may be fastened to each other, not only in open air, but also under water and other fluids, as it hardens just as quickly and as well there as in the air. It can withstand a temperature of 225°, and may therefore be employed in any case where at present oil cement is used. In connecting chemical or technical apparatus that is exposed to chlorine or hydrochloric acid gas, sulphurous acid, vapors of sulphur, nitric acid, and other strongly corrosive fumes, this cement has been found to be excellent. The same may be said about the fumes of alcohol, ether, bisulphide of carbon and carbonylides in general, which, even boiling, are totally inactive upon it.—*The Clinic*.

TINCTURE CINCHONA IN DRUNKENNESS.—On the 18th inst. I was called to see a man laboring under an overdose of alcohol, and who was an important witness in a case before the court. I ordered the above medicine to be given in half ounce doses every half hour until relieved. In one hour's time he gave his testimony to the court, having taken but two doses—Steelville, Mo., April 20th, 1878. S. C. Gibson, M. D.

CONSUMPTION OF GLYCERIN IN EUROPE.—According to W. Kraut, Europe produced during the year 1873 the following quantities of glycerin (calculated as 20° Baumé:)

France	about.....	60,000 cwt.
Austria,	"	20,000 "
Russia,	"	20,000 "
Germany,	"	15,000 "
Belgium and Holland,	"	15,000 "
England,	"	10,000 "
Italy,	"	5,000 "
Spain,	"	5,000 "
Sweden and Norway,	"	2,000 "

Total,152,000 cwt.

Of this quantity about 60,000 cwt. are refined, furnishing 50,000 cwt. of redistilled glycerin, which is consumed as follows:

Soaps and perfumery.....	10,000 cwt.
Textile fabrics, dyeing, tanning, etc.	10,000 "
Dynamite manufacture.....	6,000 "
Pharmaceutical purposes.....	6,000 "
Gas-metres.....	1,500 "
Printing rollers.....	1,500 "
Export.....	10,000 "

Total..... 45,000 "

Used for articles of food and drink 5,000 "

Total..... 50,000 "

LYCOPodium ADULTERATION.—M. Stanislas Martin has examined a sample of lycopodium which possessed a suspiciously low inflammability. He found that it contained a large proportion of dextrin reduced to an impalpable powder. This falsification can be easily detected by the microscope, or by treating the suspected sample with water.

POISONING BY THE EXTERNAL APPLICATION OF CARBOLIC ACID.—Prof. Küster, at the last meeting of the Association of German Surgeons, entered the lists against the use of carbolic acid in antiseptic surgery. This assault has been supported by Langenbuch (*Berliner klin. Wochen. No. 28, 1878*) and others. Children and delicate women are the sufferers from carbolic acid intoxication. The symptoms are, in the case of adults, nausea, vomiting and headache; but in children the effects are more severe—the temperature falling below normal; the pulse being extremely weak and the body covered with a cold sweat—The phenomena of collapse.

It has been ascertained recently by Baumann that if animals, to whom carbolic acid had been previously administered, are treated by sodic sulphate, a harmless compound of phenol and sulphuric acid is formed. These results of experiments on animals have been confirmed by observations on man. Thus it has been found that the symptoms of carbolic acid poisoning are relieved by the administration of sodic sulphate. If this salt is given when the urine

becomes dark-colored, it at once arrests the toxic phenomena, so that if desired the carbolic dressings can be renewed.

FATAL APPLICATION OF ETHER.—As a caution to medical men, I must give an incident of the past few days, although it is of the most painful nature imaginable. A young lady of eighteen, remarkably beautiful, belonging to a family of rich merchants of Lyons, had to undergo a surgical operation. The surgeon said that it was necessary to give her ether. The sack was prepared, and the young lady had been inhaling it for a moment, when a light was brought near the patient. In an instant the ether was ignited, and the sack exploded. The doctor was himself seriously burned, but the young lady was in a lamentable condition. Her nose was taken off completely, and one side of the upper jaw was laid bare. It is needless to say that she is horribly disfigured for life. No one could describe the despair of the family, and perhaps it would have been better had the poor girl died from the effects of this dreadful wound. It is rumored that the doctor has committed suicide.—*Paris Correspondence of the N. Y. Times.*

A LARGE DOSE OF CROTON OIL—Sharp. (*The Ohio Med. Record*, May, 1877.) A lady, through mistake, swallowed about a teaspoonful of croton-oil. Discovering the accident, she alarmed the family, who immediately summoned medical assistance. Free administration of sweet milk and cream, and olive oil, in connection with white of eggs and an emetic dose of mustard was given, and supplemented by large doses of sulphate of zinc at short intervals. Patient was also allowed to drink freely of mucilage of gum acacia. She recovered rapidly, with no ill effects from the oil.

TREATMENT OF OPIUM POISONING.—A case is reported, taken from an Italian journal, of a woman who swallowed a large quantity of muriate of morphia, and whose life was despaired of, after the failure of all ordinary means of relief. She seemed about to die when a drachm or more of spirit of ammonia was injected into her stomach. 'Immediately the woman regained her senses, and in a short time recovered completely.' We believe the secret of this and many other similar recoveries from the effects of opium consists in the fact that, in a large number of instances, persons deeply narcotized by the drug will recover spontaneously, even after sinking almost into death; just as men recover from alcohol poisoning, or from 'a dead drunk,' when left to themselves.—*Pacific Med. and Surgical Journal.*

WHY MILK SOURS DURING THUNDERSTORMS.—Dr. Iles, of Baltimore (in the *Chemical News*), considers the change in milk due to the ozone formed, which produces lactic and perhaps also acetic acids in the milk, these precipitating the cream.

BITES AND STINGS OF INSECTS.—In a recent issue of the *British Medical Journal*, Dr. W. H. Taylor calls attention to the fact that the irritation caused by the bites and stings of many insects may be almost immediately allayed by the application of the oil of lavender. Remembrance of this may prove useful to most practitioners.

COPPER IN OLIVE OIL.—Olive oil (says Hager's *Pharmaceut'sche Central Halle*) is often artificially coloured, and sometimes with copper salts. To detect this latter, Caillietet suggests that $\frac{1}{10}$ th grm. pyrogallic acid dissolved in 5 c. c. ether be shaken with 10 c.c. of the oil. If copper be present, a brown colour will result.—*Chemist and Druggist*.

BORAX AND STARCH—"Polaris" says in the *English Mechanic* that the addition of a very little borax to starch mucilage will make it as fluid as water.

GURJON OIL IN GONORRHOEA.—Vidal now employs gurjon oil as a substitute for copaiba in gonorrhœa. It produces no eruption, acts more promptly and does not taint the breath, as does copaiba. He administers about one drachm in the twenty-four hours.

GALLIUM.—M. Lecoq de Boisbaudran has informed the Académie des Sciences that he has prepared several salts of gallium, and that he has determined the atomic weight of this metal to be 69.9.

BOTANICAL STUDENTS.—A relative of the late owner of the Villa Muret and its magnificent gardens at Antibes, near Cannes, has presented to the French nation this valuable property. It is to be maintained as a sort of laboratory for working botanists, at the expense of the government. There is an excellent herbarium, microscopes, a library, and everything the student requires; free lodging, too, will be given for six weeks to any botanist who wishes to avail himself of the resources offered. The offer is open to botanists of all nations. A recommendation from some known man of science is only required.—*Chemist and Druggist*.

LIQUID CHMPHOR.—M. Wreden announces that he has converted ordinary camphor into a liquid isomer by the action of dilute hydrochloric acid at 190°. The new compound boils at 187° to 193°. Its sp. gr. equals 0.913, and it does not crystallize at a temperature of—17° (*Chemist and Druggist*).

DETECTION OF ALCOHOL IN ESSENTIAL OILS.—The *Apotheker Zeitung* publishes a simple method for accomplishing this purpose. A carefully graduated tube is half filled with pure anhydrous glycerine. It is then filled up with the oil to be tested, and well shaken. After standing, any increase in the volume of the glycerine corresponds to the proportion of alcohol contained in the oil. The test is based on the fact that anhydrous glycerine dissolves alcohol, but not essential oils;

GLEANINGS FROM THE FOREIGN JOURNALS.—Tasteless tannate of quinia is prepared by P. J. Haaxman by dissolving 1 part quinia sulphate in acidulated

distilled water, and precipitating the alkaloid with soda solution, dissolving it in 10 parts alcohol, sp. gr. .882, and diluting this solution with warm water so as to remain clear while in the water-bath. This liquid is added gradually, and with continued stirring, to a solution of 3 parts tannin in 60 parts distilled water, the mixture thrown upon a filter, and the precipitate washed with warm water until the filtrate is colorless and free from astringent taste, whereby the bitter acid tannate is decomposed and the tasteless neutral tannate left upon the filter.—*Jour. Phar., Chim.*, 4th ser., xxv. p. 420. *Am. Jour. Pharm.*

THE best local anæsthetic for dental operations is said to be the extract of eucalyptus. Apply one drop on cotton to the sensitive dentine just before excavating.—*Boston Med. and Surg. Jour.*

PLANTAGO MAJOR is said to be a sure cure for toothache. Smartweed is highly recommended for dysentery, watery and mucous diarrhœa, etc. Mr. Hayes, of Dublin, speaks highly of iodoform in granular lids, phlyctenular and pustular ophthalmia, corneal ulceration, obstinate keratitis, ciliary blepharitis, etc., used in form of fine powder dusted on eye; in some cases using a salve, 1 pt. iodoform, 4 pts. vaseline. The French assert that tobacco often causes diseases of the ear and deafness. A case is reported in Paris, of a carious tooth, causing coma and high temperature, and finally death. (*Eclectic Med. Journal*).

CHRY SOPHANIC ACID, a remedy which is now coming into use in skin diseases—particularly ringworm—should be employed with caution, and patients should be warned accordingly. If ever so small a portion of the acid, or ointment, comes in contact with the eye, intense irritation, accompanied by dilatation of the pupil, is produced. The inflammation subsides after a few days, but while it lasts is very painful.

EXCIPIENT FOR QUININE PILLS.—Mr. J. E. Brett (*Am. Jour. Pharm.*), thinks that quinine pills may be best made by mixing a small quantity of pulv. acaciæ with the quinine, and then adding glycerine, drop by drop, triturating well until a smooth mass is obtained. Pills made from this mass are said to be unalterable.

TO RESTORE RANCID OIL OF LEMON, wash it with an equal volume of boiling distilled water, shake it occasionally until it is cool, and pour off the oil, or separate it with a siphon. If necessary, repeat the operation. Oil as strong as turpentine has thus been made sweet again by this process. (*Druggists' Circular*).

A DOCTOR received by mistake as his fee, a couple of mint lozenges rolled up in paper. The gentleman, meeting the doctor next day, and having detected his mistake in the meantime, asked him jocularly how he liked his fee. "Oh! it was very sweet," was the reply. The real fee was remitted on the next day with the following accompaniment:

"The fee was sweet"—I thank you for the hint. These are as sweet; they've both been through the Mint.

The Canada Medical Record.

MONTREAL, SEPTEMBER, 1879.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Case of Intussusception involving the whole of the large intestine, occurring in an infant, by E. D. Worthington, M.D., F.R.C.S., 309—Address of John Duff MacDonalld, M.D., L.R.C.S., Edinburgh, President of the Canada Medical Association, delivered at the twelfth annual meeting held at London, Ontario, on the 10th September, 1879, 310—Report on Midwifery and Gynecology, read before the Canada Medical Association, London, September 10th,

1879, by J. Algernon Temple, M.D.,313

PROGRESS OF MEDICAL SCIENCE.

Extract of Malt, 315—Sanitary Safety of Sleeping Cars, 316—Bandaging in Migraine, 318—Precautions in Administering Acid Medicines, 318—Urticaria—Bisulphite of Soda, 318—Neurasthenia and Womb-Disease, 319—Habitual Constipation, 319—Treatment of Insanity by Drugs, 320—The Value of Salicylate of Soda in the Acute Articular Rheumatism of Children, 321—Treatment of Prolapse of the Rectum in Infants, 322—Indications for the Use of Digitalis, 322

—Squills as a Diuretic, 322—Vinegar as a Post-Partum Hemostatic, 322—External Applications in Stomach Disease, 323—Smartweed, 323—Nerve Stimulants, 324—Corns, 324—Ergotine in Cerebral Apoplexy, 324—Urticaria—Bisulphite of Soda,324

EDITORIAL.

To our Subscribers, 325—Meeting of the Canada Medical Association, 325—Dr. Ross, 325—Personal, 325—Beautiful Pictures for all, 325—Reviews, 326—Canada Medical Association, 329—Medico-Chirurgical Society, 336—Medical Items, 336—Death,336

Original Communications.

Case of Intussusception, involving the whole of the large intestine, occurring in an infant. By E. D. WORTHINGTON, M.D., F.R.C.S.

Early on the morning of Monday, the 30th June last, I was called out of bed by a gentleman who stated that his infant, aged nearly four months, had been rather suddenly seized with diarrhoea the evening before, and that the recent discharges were bloody. He wished me to prescribe something, and see the child as soon as convenient. I gave him some Tannin and Dover's powder, and saw the child about eight o'clock.

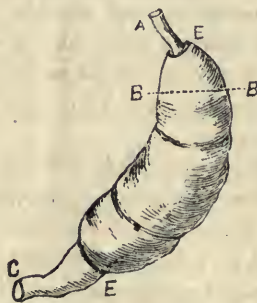
It appears that on Sunday evening the mother went to church with her husband, leaving the child—a remarkably healthy one—in charge of its aunt and grandmother. Soon afterwards, the aunt, who had the child in her arms, wishing to attend to some household duties, gently placed the infant in its grandmother's lap. On the instant the child gave a sharp scream, and the grandmother declares that she heard "a peculiar sound in the bowels, as if something had given way." The child continued to scream until its mother returned from church. Looking upon the case as one of colic, the mother gave a dose of castor oil, a warm bath, applied turpentine, and used other remedies peculiar to the occasion. One or two fecal discharges followed, and then, towards morning, the discharges consisted only of small quantities—a few drops—

of unmixed fresh blood. The child had intervals of rest during the night, vomited twice, but it was not considered that there was anything alarming about the symptoms until the blood made its appearance. There had been a slight tendency to constipation for a few days.

When I saw the little patient its extremities were cold, surface pale, pulse very small and intermitting, features "pinched," and it had a look of sudden shock.

No tenderness or distension of abdomen. At the moment the weight of evidence was, in my opinion, rather in favor of some visceral injury, or internal hemorrhage, rather than intestinal obstruction. I have nothing to add either as regards the progress of the case or the treatment, further than that the child died on Tuesday at 6.30 p.m., about forty-eight hours after the accession of pain. To the last the discharges consisted of small quantities of unmixed fresh blood, but there was no tenderness or distension of the abdomen, nor after the first evening did vomiting occur more than two or three times, and then of a very trifling character. On Wednesday I was kindly permitted, with Dr. Austin and my son, Mr. Norry Worthington, to make an examination of the body. On opening the abdomen we found the stomach empty, the small intestines somewhat distended with fluid, but without the slightest trace of inflammatory action. To our surprise the whole of the large intestine had disappeared, and groping about to solve the mystery we noticed in the median line, just dipping into the pelvis, the upper portion of a mass of

telescoped intestine, its lower margin—within the rectum—extending to within two inches of the anus, but showing externally, like the small intestine, no evidence of acute inflammatory action. Tying the intestine above and below we removed the strangulated portion, but not believing at the time that we would be allowed to keep the parts, we removed only the intestine, cutting it away from the meso-colon. When put into a basin of water, it measured about eight inches from the commencement of the invaginated portion to its termination in the rectum. On pulling out the intestine this invaginated portion was found to be twenty-three inches in length, and to consist, beginning from above, of two inches of ileum, the caput cœcum, and the whole of the ascending, transverse, and descending colon.



A. Two inches of Small Intestine.

B. B. Situation of Cœcum.

C. Arms.

E. E. Invaginated portion of Intestine, containing two inches of Ileum, the whole of the Cœcum, ascending, transverse, and descending Colon, the whole when pulled out, measuring twenty-three inches.

The accompanying diagram was roughly taken at the moment, and needles passed through the mass to indicate its original appearance. The cœcum was highly congested, and thickened throughout, and it was evident that the hæmorrhage had its origin here. The rectum below the invagination contained only a few drops of blood.

Unlike the case reported by John Hunter, the cœcum here was at the upper portion of the strangulated mass, as if the invagination had commenced in the descending colon, subsequently dragging in the rest of the large intestine and the two inches of ileum. In this case it was evident that the peritoneum invested the cœcum to such a degree as to constitute a meso-cœcum, and thus allow of the displacement of

the cœcum to such an unusual degree. The case is interesting only as occurring in an infant, in the length of intestine involved, and in being accompanied by symptoms barely suggesting a suspicion of invagination.

Sherbrooke, Sept., 1879.

Address of JOHN DUFF MACDONALD, M.D., L.R.C.S., Edinburgh, President of the Canada Medical Association, delivered at the twelfth annual meeting held at London, Ontario, on the 10th September, 1879.

BRETHREN,—Since your kindness has conferred upon me the honour of presiding in this meeting of our Association, I have come to apprehend, to some extent, the responsibility of the office which I have been called upon to occupy, and to see that this responsibility increases from year to year.

From the President's address it is reasonably looked for, that it should satisfy a just comparison with those delivered by brethren who have already filled this chair, and that it should equally with those addresses commend itself to the judgment and good taste of those who have to hear it.

It is right that such an address should have for its theme a subject which is of immediate practical interest, not necessarily to the medical profession alone, but also to the general public, and also that it should afford an indication of the way in which professional opinion may deal with that subject.

My respected predecessor of last year made allusion to those institutions, with the working of which his experience has made him familiar, and considering the admitted necessity for the increase of those institutions, as well as the increasing obligations devolving upon the medical profession in connection with the care of lunatics, there can be no doubt that Dr. Workman did well in directing our minds, among other things, to the construction and location of asylums for the insane. I believe that it will not be out of place for me to bring under the notice of the brethren a subject which has had a good deal of interest for me, as well as for others, for some years past, and to speak of another class of institutions which, in my opinion, deserves, though they have not secured, an equal degree

of consideration with lunatic asylums—I refer to hospitals for the sick.

To what extent are these structures required, and how are we to get them?

I venture to bring these questions before the Association, because the subject of hospital accommodation is of undoubted importance to the profession and to the public, and is one on which physicians may possibly be afforded occasions of giving an opinion.

It must be admitted, in spite of the boasting in which we are prone to indulge regarding the improved state of the world in these later days, and the increased well-being of society, that our social condition renders hospital provision, at least, as great a necessity as it was when men spoke more modestly of themselves and their times than we do. The poor we have always with us, they do not cease out of the land, and no doubt we may say that they never shall,—all optimist and communistic theories to the contrary notwithstanding. Even in our own country, largely filled as it has been, within the memory of living men, with fresh young blood; free as it is, as yet, from the semblance of what has been regarded by some as the oppression of class, a hospital population is springing up all around with wonderful rapidity, and that not from amidst unprovided strangers only, but also from among those born in the midst of us, and who have been surrounded from their infancy by the advantages of a land where labor is always in request, and sure of its reward; where all that is required of *any man*, in order to secure independence, is devotion to honest work. From among these there come numerous applicants for hospital relief and shelter, persons who have not made provision for one week's sickness. It is not necessary to discuss here the causes of this spectacle, the early rise of pauperism in the midst of us, but this much may be said, that with pauperism existing everywhere in the land, and with its sources well known to all, there does not seem to be, on the part of sick poor, an excuse for their condition sufficient to touch and cause to flow those springs of benevolence which are latent in the community.

When hospitals and refuges were founded and endowed by wealthy individuals in times past, the condition of the poor was more

pitiable than it is now, their prospects seemed absolutely hopeless, and to provide for their succor in their time of sickness was a worthy aim in the eyes of all; on the other hand, in our days, and in this community at least, we are not so satisfied of the powerlessness of the poor. Nay, by many who are giving daily proof that they are not selfish and hard-hearted, the poor are thought to have their place made too soft for them; indolence and dissipation are thought to be receiving their most direct encouragement from the charitable, and it is difficult to present the claims of an hospital to our wealthy neighbors on the score—the beneficence of the object.

And yet, let the cause of poverty be what it may, vice or misfortune, the act of lightening its weight, of lessening its attendant suffering, is, when discrimination is used, certainly an act of beneficence, and though our aid to a strong and healthy idler may lawfully be limited to good advice, to the same man when he is sick, or maimed, our help must be of a more substantial kind.

It may be allowed that private benevolence, though it has done much at various times, and in various places, has never been equal to the help of this sort which has been required, and it may hardly be expected that it ever can be; its efforts are necessarily limited and fitful, while the evil to be met is on every hand, and is always growing.

Hospitals to serve the purpose required of them should be numerous, placed within easy reach of those who need their service, not so few and far between as to render it necessary for sick people to make long and painful journeyings in order to get to them. It is not too much to say that every town of eight or ten thousand inhabitants should have a well appointed hospital for itself and its environs. The great usefulness of these institutions thus scattered over the land surely cannot be questioned, whether we regard the relief to suffering which they are fitted to afford, or the centres of useful information to the public which they would form, and this Association may surely add the very valuable opportunities for observation and experience to our own profession which would thus be multiplied.

To be thus numerous and to be efficiently

equipped, the institutions must be supported at the public expense, and why should we not regard them as legitimate objects for employment of the public money. The public funds are already employed in constructing hospitals in certain favored localities. These are buildings very splendid and very expensive, highly ornamental to the places in which they are to be seen, and are sources of very natural satisfaction to those who dwell around them, or who own property there, but not by any means the most useful or even the safest retreats for those who are to have their residence in them during the seclusion made necessary by sickness or by an injury.

If we are to convince our public bodies that they have at all a duty in this matter, we must present to them an ideal of a hospital very different from that which at present prevails. The palatial style thought to be that which ought to mark these refuges for the sick poor, who when they are in health do not live in palaces, must give place to one which is more sober and less costly, and so it is that lighter and less extravagant buildings would be in every respect more suited to the objects chiefly aimed at.

The one-storey pavilion seems best adapted to our means and wants. The simplicity and the economy of its construction must recommend it to those who are interested in the question of cost; the convenience of its arrangement must give it favor in the eyes of those who have to do with administration; while the purity of air which can be secured by its means, is of such advantage in the treatment of disease and of injuries, especially such as are accompanied by open wounds, that one would suppose that the brethren of our profession can have but one mind in their advocacy of this description of building. Separation of cases infectious from non-infectious, would thus be complete. "Hospitalism," that frequent and readily accepted excuse for events which should not have happened, would be less heard of; the surgeon in instances of grave injuries, wherein his skill and care seemed about to triumph, would less frequently have to suffer disappointment from the septic infection of perhaps some trivial and forgotten scratch, and the physician would be saved the now not unfrequent mortification of seeing a patient who is under treatment for

a trifling ailment attacked by a deadly affection, which would not have appeared, if the case had been treated in the individual's home.

It is not necessary in this association to give any description of the one-storey pavilion, such a description could contain nothing not already known. No doubt the essay of Dr. Gill Wylie, published three years ago, and which treats on this subject, is familiar to most of us, but I may be allowed to say a word or two on the excellent fitness of this kind of hospital to our Province.

And first I would say that everything in the condition of our people and in the features of the country is hostile to the indulgence in what is florid and extravagant. Let us not in anything make ourselves ridiculous by manifesting that we aim at a display which is not always becoming in older and more wealthy people; nor let us forget that good taste and regardlessness of expense are not all times close associates.

In the long and narrow strip of country which is for us practically Canada, there is not much likelihood that there shall be at any time towns of great size, the configuration of the country and the fewness of its resources make such an expectation improbable of fulfilment. On the other hand among a prosperous agricultural population such as we hope that of Canada is to be, a considerable number of market towns of moderate size is a prospect which seems likely and near, and all of these, however thriving, will always have their poor, needing aid in sickness.

To small towns the construction of a hospital, according to present ideas, will be an enterprise of insurmountable difficulty. They will forego the hospital altogether, or else convert to the purpose some old disused tavern or factory, while a one-storey structure of wood or brick could be provided by them with perfect ease, cheaply, that in the event of its showing signs of becoming infected, there need be no hesitation, on the score of expense, in having it torn down and removed, and erecting a new one in its place.

I do not know that I would have brought this subject before the Association, if it was not that it was, so to speak, ready to my hand, and that I have had for many years before me proof of the evils resulting from using, for hospital pur-

poses, old buildings, charged with septic matter, and of the impossibility of obtaining safe accommodation for the sick poor, because of the unwillingness of those in authority to look at the financial responsibility of such buildings as in their opinion hospitals ought to be; and I will have reached the end I seek if, the matter having been brought before them, the brethren will lend their influence to enlighten the community on the subject of the building of hospitals; to impress on those in authority, that the sole purpose of a hospital should be to afford to those who are in poverty, shelter in sickness, and the means of recovery; that everything which may render this purpose more difficult of attainment is to be conscientiously avoided; and that the difficulty at present in the way is that offered by extravagant customs and vain tastes, which lead us to suppose that a building for a charitable object has been allowed to miss its greatest end if it does not serve to adorn a neighborhood, or to keep, for a time, the name of some rich man from sinking into the common oblivion.

Hamilton, Sept. 8th, 1879.

Report on Midwifery and Gynæcology read before the Canada Medical Association. London, September 10th, 1879. By J. ALGERNON TEMPLE, M.D.

MR. PRESIDENT AND GENTLEMEN:—I beg to submit the following report upon the progress of Midwifery and Gynæcology during the past year. Time has not permitted me to make it as full as I should have liked, and possibly I may have overlooked some improvements.

Dr. H. J. Garrigues in regard to the operation of gastro-elytrotomy proposes to make the first opening in the vagina with the galvanic or other form of cautery; he urges the propriety of the operation, and thought it should always be adopted instead of craniotomy when the conjugate diameter was two and a-half inches or less, and also of bad cases of embryotomy.

Dr. Goldsmith, of Atlanta, recommends the compressed pith of the cornstalk as a uterine tent. Its advantages are: it dilates effectually, but not too rapidly, it is smooth and soft, and can be removed with one force, it produces no lacerations or abrasions of the mucous membrane, it is easy of medication, is of vegetable

origin and does not become putrid, and may be prepared in a few moments; he has used it for the past seven years with uniform success.

Dr. Theodore Parvin recommends oxide of zinc ointment in the treatment of membranous vaginitis as superior to all other preparations.

Dr. Purejoy details two cases of puerperal convulsions in which he tried the subcutaneous injection of chloral hydrate with good success; gr. v. was the dose used, which was repeated in half an hour.

Dr. Keith and Dr. Messbaum both record their testimony in favor of antiseptic ovariectomy.

Dr. Copeman tried digital dilation of the cervix in severe vomiting in pregnancy in five cases, with immediate relief, after all the ordinary methods had failed.

Dr. Bennett recommends the hypodermic injections of tri iodine c potas iodid and potas bromid into the cervix to remove hyperplastic tissue, and thinks it better than merely painting the surface over.

Dr. Herman's conclusions as to the treatment of cancer of the uterus are as follows: 1. When it is possible to remove the disease either during pregnancy or in labor, it should be done. 2. When this cannot be effected the safety of the mother is best secured by procuring abortion. 3. In labor the dilatation of the os should be assisted by incisions in its circumference. 4. The os being dilated, and it being expedient to hasten delivery, the forceps are better than turning. When it is impossible to dilate Cæsarean Section is the last resource.

Dr. Garrigues relates two cases of laparo-elytrotomy performed by Dr. Thomas: in one case the woman and child died, in another both recovered. Dr. Ellis reports another case, the woman died, the child lived.

Griffith relates a case of peritoneal adhesion of the gravid uterus as a cause of post-partum hemorrhage.

Mr. Doran concludes that the complete intra-peritoneal method of ligature offer better chances of recovery than the clamp in ovariectomy.

Pilocarpine has been used with success in inducing premature labor.

Dr. Thock's method of producing sterility is to cauterize the openings of the fallopian tube by means of the galvano-cautery.

Dr. Baker reports cases of removal of uterine fibroids by traction, as recently performed by Dr. Emmet. The recommendations in favor of this plan are: less danger from hemorrhage and septicæmia.

Dr. Prochownick concludes that the fœtus is the produce of the amniotic fluid whose secretion begins in the earliest period of pregnancy.

Dr. Mathews Duncan strongly insists on the great advantages to be derived from antiseptic midwifery, all attendants being advised to wash their hands in carbolic acid water, and use carbolized oil for making vaginal examinations. The maternal mortality is greatly reduced by this procedure.

Dr. Schultz reports cases of retroflexed uterus returned by means of the finger inserted into the uterus as far as the fundus; the cervix being previously dilated with laminaria tents.

Dr. Byford reports a case of a young lady on whom he performed ovariectomy, who persistently refused to allow vaginal examination before the operation. After removing the cyst he noticed another tumor behind, which he took for another ovarian cyst, into which he plunged the trocar, but, as nothing but blood followed, he made a more careful examination, and found it was the pregnant uterus; he immediately enlarged the opening and removed a dead seven months' child. The uterine wound was closed with interrupted silk sutures, and a catheter passed through the cervix for drainage. The ovarian pedicle was secured and returned into the abdominal cavity. Patient made a rapid recovery.

Dr. G. Thomas relates six cases of abdominal pregnancy. In two the fœtus died early in gestation and was discharged through the rectum, mothers recovered. In the third laparotomy was performed at the end of the eleventh and the mother recovered. In the fourth laparotomy was performed at the end of the seventeenth month and the mother recovered. In the fifth laparotomy was performed at the end of the twenty-second month and the mother recovered. In the sixth it was still under observation.

Dr. Harris advises silver wire sutures to be used in all cases of Cæsarean Section to stitch up the uterus, and never to use catgut, as it becomes untied, and the patient dies from

hæmorrhage. He draws his conclusions from two cases reported in the United States.

Dr. Richardson advises in cases of vomiting of a severe character coming on in the latter months of pregnancy that the urine be always examined.

Dr. Hemans records twelve cases of ovariectomy with one death only, and attributes his success to antiseptic means being used in all the cases.

Dr. Tibone relates four cases in which he performed Cæsarean Section and one in which he performed Porro's operation. Twenty-five cases of Porro's operation are now reported, ten recoveries and fifteen deaths.

Dr. Thoebulé recently removed two fibroid tumors from the uterus by means of gastrotomy; the patient recovered and was walking about at the end of a month's time.

Dr. Swayne concludes that the mortality amongst primiparæ is less than among multiparæ, but that the infant mortality is greater in primiparæ than in multiparæ, being 7.8 per cent. in the former and 5.9 in the latter.

Dr. Galabin reports two cases of rupture the vagina during labor, both women died; in one gastrotomy was performed. The rupture was caused by violent uterine action while the uterus was in an extreme position of anteversion.

Dr. Rankin reported a case of rupture of the uterus where the child and placenta escaped into the abdominal cavity; the woman recovered.

Dr. Wigglesworth reports a case of occlusion of the os and cervix uteri, accidentally produced by applying strong fuming nitric acid to the uterine cavity, and which obliged him, four months afterwards, to make a new cervical canal with a trocar to allow of the escape of the menstrual discharge.

Dr. Quantin is strongly advocating full venesection in eclamptic convulsions.

Prof. Lane reports a case of epithelial cancer of the uterus, for the cure of which he performed complete enucleation of the uterus per vaginam. The woman made a good recovery.

Dr. De Gorregruer Griffith reports a case of extreme post-partum hemorrhage, to arrest which he performed compression of the abdominal aorta through the abdominal walls, with immediate good results. I may say I have

been in the habit of using this method for some time back, and always with good effect. In stout persons it is not easy of application. He then recommends compression of the aorta, either through the uterus (hand inside) or through the rectum, or both, if necessary.

Dr. Banga relates a case of fatal tetanus accompanying retention of a segment of the placenta four weeks after miscarriage.

Dr. Wigglesworth is of opinion that intra-uterine medication is a possible cause of sterility, while Drs. Playfair and Ellis do not at all lean to this conclusion.

Dr. Fordyce Barker is opposed to the use of jaborandi or pilocarpine in the treatment of puerperal albuminuria or after puerperal convulsions.

Dr. Cory reports a fatal case from injection of perchloride iron into the uterus to restrain secondary hemorrhage.

Dr. Hodgen reports a case of vaginal enterocele of unusual size. It weighed 64 lbs; vertical length, 17 inches; greatest circumference, 43 inches; circumference at neck, 21 inches. Case ended fatally. Many cases are reported through the various journals of the good effect of hot water injections in post-partum hemorrhage.

Dr. De Gorreguer Griffith has written some very excellent articles on the unity of poison in scarlatina and puerperal fever, typhoid, diphtheria and erysipelas.

Several cases of inversion of the uterus, treated by elastic pressure, are recorded during the last year, all with excellent results.

Prof. Spiegelberg, in dealing with the best method of treatment of the pedicle in ovariectomy, concludes that the future of patients with a clamped pedicle is a safer one than that of those in whom the pedicle has been ligatured and returned.

Dr. Marion Sims' method of treatment of epithelioma of the cervix uteri is not to amputate but to exsect the whole of the diseased tissue, following it up to the body of the uterus, if necessary; and, when all is done that can be done by knife and scissors, then caustic, strong enough to produce a slough, is to be applied to the part from which the cancerous tissue has been exsected, and allowed to remain there till the slough is ready to come away.

Dr. M. O. Jones recommends the application

of caustic to the cervix uteri in the vomiting of pregnancy, to excite by means of caustic applications an irritation or superficial inflammation, thus concentrating the reflex nervous phenomena at the point of irritation, and thereby relieving the stomach. He has used it in five cases with complete relief to the vomiting.

M. Lussier proposes in lieu of ovariectomy to establish a fistula between the cavity of the ovarian sac and the exterior, which is to be daily washed out by disinfectants. He tried it in one case with good results.

Mr. Spencer Wells performed ovariectomy on a child eight years old with success.

Dr. Howell reports a case of puerperal convulsions which he treated successfully by large free bleeding and croton oil.

Dr. Lloyd Roberts reports a case of large fibroid tumor of the uterus, weighing three pounds five ounces, removed by enucleation. During the operation inversion of the uterus occurred, which much facilitated the enucleation. The inverted uterus was easily returned after the operation, and the woman made a rapid recovery.

Dr. Koehler remarks on the great good to be derived by applying very hot fomentations to the head in severe uterine hemorrhage, restoring consciousness and strengthening the pulse.

Dr. Reany speaks highly of the use of Hydrate of Chloral, in from five to fifteen gr. doses, every two hours, during the first stage of labor, to relieve pain and promote the easy dilation of the cervix.

Toronto, Sept. 8th, 1879.

Progress of Medical Science.

EXTRACT OF MALT.

EXTRACT from a paper read before the Kentucky State Medical Society, on *Infantile Therapeutics*, by JOHN A. LARRABEE, M.D., Professor of *Materia Medica and Therapeutics*, and Clinical Lecturer on Diseases of Children in the Hospital College of Medicine, Louisville, Kentucky.

"It now seems that the benefit which for a long time has been accorded to malt liquors can be attained without fermentation, thus in many cases accomplishing the good without the baneful effects of a stimulant. It appears to me that the Extract of Malt, manufactured by the Trommer Malt Company, has proven that the real tonic properties depend upon its not undergoing fermentation. I have given these preparations to over three hundred patients.

during the past year, including private and clinical practice, selecting such as I deemed suited to the wants of the several cases, and I have yet to see a single case in which benefit has not accrued from its use. It may be said that the medicines contained in some of the preparations should have the credit, but I have been careful to use such preparations in cases where the medicinal agents therein contained have before been given with little or no advantage.

"In tuberculosis and scrofulosis I have found malt extract to improve nutrition and arrest the progress of the disease, acting in this way similarly to cod liver oil, save that its effects are seen to be more decided, and it agrees better with the stomach, a matter of no small importance in advanced cases.

"In the continued cough of pertussis, where, after the acute stage has subsided, the patient has prolonged spells of coughing, I have found the plain malt extract to exercise a most marked effect. Children not infrequently continue to cough like whooping-cough for a year or more after having had the disease. In all such cases the cough is kept up by the bronchial glands enlarged in the acute stage; and such cases, if left alone, are fit subjects for early consumption. Malt extract is well adapted to this stage of convalescence.

"In convalescence from the ordinary fevers, and especially remittent, the 'plain,' 'ferrated,' or that 'with citrate of iron and quinia' is *par excellence* the treatment.

"It is unnecessary that I should attempt to enumerate the diseases in which malt extract has proven beneficial. It appears to strike at the root of malassimilation. An explanation of the various conditions which are or may be expected to be relieved by extract of malt may possibly be found in the various stages in which digestion is arrested, and the power of this digestant to carry this process to its ultimatum in the tissues. A closer study of ultimate digestion is necessary, however, before we can give the rationale of the efficacy of this medicine for food.

"I have not had sufficient experience with the use of malt extract upon the rheumatic diathesis of childhood to draw any positive conclusions concerning it, but I am quite confident that, by carrying starch through its changes to a rapid end in combustion, it is well calculated to accomplish good. The liability, therefore, to remain as lactic acid will be greatly lessened. In six cases it was of decided benefit in securing an immunity from the hitherto frequent attacks of rheumatism, one of which had suffered eight attacks of acute rheumatism in five years, and had extensive cardiac lesion."

SANITARY SAFETY OF SLEEPING CARS

Of course when the two great overseers of public health—the National Board and the Sanitary Council of the Mississippi Valley—came together in Atlanta, one of the greatest questions with which they had to grapple was the proper regulations of inland travel. A sea-board quarantine under the guns of the government was a practicable enough affair; but what to do with the people who go down the great rivers in steamboats, and through the great land in steam-cars, was a much more difficult problem. It is in fact the sanitary question of all others. If the yellow fever, cholera, or other scourge should come into the country and quietly take up its abode in New Orleans or Memphis, while it slew its victims it would undoubtedly rouse the sympathies of the nation; but when it packs up its little germ, real or imaginary, and takes its dead-head passage, by rail or river, to pay its uninvited visits throughout the land, then it rouses the selfishness of the people. How to make travel secure against disease for those who travel and for those who are traveled through is, we say, the great question of the day.

The Sanitary Council did some very good work under this head, and in a pamphlet published under its direction has promulgated a number of excellent suggestions covering the general sanitation of inland carriers, and special precautions to be used during the prevalence of epidemics. We select for discussion just one topic here—that which relates to the management of sleeping-cars—first, because a great deal has been said about them, and much has been feared from them; and again, because an examination of the subject reveals a very pleasantly surprising state of affairs, in which the wisdom of science has been outsped by the demands of commerce. Pleasantly surprising, we say; for the hope is raised that the good sense shown in the management of this class of carriers may have been imitated in other modes of travel a little more than we wisecracks are fain to believe, and to the genius and incentive of gain many regulations for sanitary safety may be trusted when such security happens to be a chief item of stock in trade.

Let us contrast what the Sanitary Council advised in May last and what were the actual regulations of the Pullman Southern Car Company in force for years past. Says the Council:

"No sleeping-car shall be allowed to remain in an infected town, nor shall any sleeping-car approach nearer an infected place than the point of transfer. Any passenger-car leaving an infected place shall be thoroughly ventilated during its passage to the place of transfer, by having not less than one half of the windows of the car open during such passage.

"The upholstered seats of passenger and sleeping-cars and the mattresses and the pillows of sleeping-cars shall be thoroughly whipped or beaten (in the open air so far as practicable), and brushed free from all dust, and thoroughly aired and sunned at the end of each trip. The blankets and curtains of all sleeping-cars shall also be beaten and aired in the same way. In case of infection of a passenger-car or of a sleeping-car all the upholstery, cushions, curtains, bedding, mattresses, etc., shall be thoroughly disinfected, under the supervision of a medical officer, before being again used.

"All railroad-cars should at all times be well ventilated. The freight-cars when loaded should have barred doors to permit the free entrance of air at all times, whether moving on the track or placed upon the sidings; and passenger and sleeping-cars should be provided with automatic ventilators, so as to secure a rapid change of air in the cars at all times."

Now these propositions were discussed by the very best sanitarians in the nation, from Massachusetts to Florida, and were claimed by them to contain the best precautions for safety. They were reported to the company for its action, and the management shows in its reply that it has not only met these demands, but has greatly exceeded them in many important particulars; that in fact much of what the Council has demanded as precautionary measures in times of epidemic danger is but a part of the ordinary regulations of the company for all times. The report says that early in July of 1878, when rumors of the plague began to rise, although arrangements for disinfection were perfected—

"By the time the tide of travel set northward the system was in full operation under rigid discipline. . . . Pure carbolic acid was exposed in open vessels in every car while *en route*. At terminal points every car was thoroughly cleaned; all bedding, seats, carpets, every thing movable in the car were taken out, whipped, brushed, and fumigated in a close room with sulphur. Each car was scrubbed inside and out, and then closed and fumigated with sulphur; and after this process cars and equipments were exposed to the air for several hours and again liberally sprinkled with carbolic acid, which was also kept constantly in the spittoons; and the cars were thoroughly ventilated while *en route* by open doors, windows, and deck-sash."

And mark now this special point, for on the ignorance of it very specious theories have been built to account for the spread of fever:

"As soon as the disease was declared epidemic in New Orleans, Memphis, and other points, *our cars were withdrawn*. . . . We had one line of sleepers only which continued unbroken through the entire epidemic—the line from New Orleans to Cincinnati *via Milan*."

This line passed around the city of Louis-

ville several miles to the southward, and not one of its cars or their equipments entered the city, but were received and disinfected at the terminus in Cincinnati.

Other important points are noted: That no case of fever was ever traced to the cars of the company: and in the very few cases when it was developed upon board of such, among passengers from the infected districts, they were removed at the first station and all contaminated equipments destroyed; and, finally, that the company has always sought and always will be glad to receive suggestions in regard to sanitation from the recognized authorities of the country, which, however severe, they will carry out to the letter.

From the conduct of the Pullman Southern Car Company during the epidemic of 1878, it is reasonable to suppose that we can trust to its foresight and discipline should it unfortunately happen that 1879 is to be marked with like horrors. Indeed their order-book shows that several days before the general public even at Memphis knew of the trouble which developed there upon the 10th of July of this year, the usual precautionary orders had been issued.

But it is probably the custom of the company in ordinary times, when not acting under the incentive of fear, that is of most interest to the people. What precautions are then taken to insure them against carrying disease? Here are some of them: Every car is as thoroughly dismantled after *every trip* (long or short) is over as is a ship when it goes out of commission. Every movable object is taken from it—beds, bedding, seats, curtains, and carpets—which are whipped, shaken, and exposed to the sun. The car being reduced to its frame, a company of char-women (and they are far better cleaners than men) scrub it within and without with soap, and when it is dried polish it in every crack and cranny anew. Perpetual disinfectants stand in the closets. No housewife in the country can boast of fresher linen. Not only a dirty sheet but one that is not perfectly fresh or a damp one, proved, will effect the discharge of the employee. There are double ticks upon mattress and pillow, and no bed is spread without slip and linen; the renovation of feathers and hair is done at short intervals; the ventilation is systematic and under constant surveillance; fresh air is forced upon the inmates; no one with contagious disease is allowed to enter. Indeed it would seem that what with the exclusiveness of price, with enforced cleanliness, and the natural ventilation secured by the rushing draughts, nine persons out of ten when they step into a Pullman car step into far better hygienic surroundings than they were ever accustomed to; and, if it did not sound like exaggeration, we would declare that ordinarily, so far from offering any danger to health, they

are, sanitarily speaking, among the safest of summer-resorts.

But how do we know all these things? By taking the trouble to find out. The question is one of the greatest importance in a medical point of view, and it became us as medical journalists to study it and report. And it is not only by inquiry and common-sense inference, but by personal inspection, that we can say what we have said.

The Southern Pullman Car Company (and we suppose, of course, the Northern Company also) offers as complete immunity from disease to the traveller as human ingenuity can devise. The executive ability of the general company (north and south) has been shown to be of the best the country affords. Its subdivisions are under the management of men most of whom are of military education, used to the exaction of rigid discipline.

The honor and profit of the company alike demand that confidence in its power to guard against disease shall be unbroken. A suspicion as to its chastity in this regard effects its dividends no less than its conscience. It is too good a thing to be damaged by neglect, and too powerful an interest not to get the best that science and art afford.—*Louisville Medical News*.

BANDAGING IN MIGRAINE.

Dr. Weir Mitchell (in the *Boston Medical and Surgical Journal*), relating a case of migraine occurring in a girl seven years and a half old, exhibiting the congestive type, and for which he prescribed small doses of bromide (gr. iij.) and tinct. belladonnæ (gtt. iij.), observes that the use of the old domestic remedy, a tight bandage, during the attack, is useful. He employs a rubber bandage, applied thoroughly from the eyes up, with a thin pad over each temporal artery, if the temporal ridge be sharp enough to keep the bandage from squeezing the arteries, and over the two occipital vessels. Instead of caoutchouc, a well-applied muslin bandage may be put on, and then wetted, using compresses over the temporal arteries. The comfort thus given is sometimes surprising. He adds, "I need not say that migraine in some of its forms becomes at times—and especially in women—a most disabling malady, and may recur daily, until life is a burden impatiently borne. These are usually cases of thin-blooded and thin people, whose sufferings are brought back by the attempt to take exercise, without an abundance of which a return to health is out of the question. I have seen some such cases in which a cure little less than marvellous has been made by the use of absolute rest, over-feeding, and massage. There is, of course, much more to be said on the therapeutics of meggrims, but no one drug is its master. The hint as to thorough bandaging is

worth remembering, and especially at the close of a headache."

PRECAUTIONS IN ADMINISTERING ACID MEDICINES.

In an article on the teeth, in the *British Medical Journal*, Mr. A. Stewart writes:—

As the ordinary expedient of a glass tube is seldom used so effectively as to prevent the acid reaching the teeth, other means must be used to prevent its ruinous effects on them; and, being confident from long experience that the neutralization of the acid by a weak alkaline solution is invariably effective, I hope the time may soon come when every prescription containing an acid will be accompanied by an injunction to rinse the mouth immediately after every dose with a solution of the kind.

The form I have always recommended is a teaspoonful of bicarbonate of soda and a table-spoonful of eau de Cologne in a quart (a wine-bottleful) of water, a little hot water being added, if required, to warm the small quantity poured out for use. This is agreeable, easily remembered, and readily renewed. In hospital and dispensary practice, and by the poorer classes, a small piece of camphor may replace the eau de Cologne, and will serve quite as well to make the solution agreeable. This or some similar solution should be used to rinse the mouth, at least every night at bedtime, but better after every meal, whenever there is a suspicion of acid acting, or having acted, on the teeth, and may be relied on to preserve those that have not been permeated; and I think that dentinal softening of recent origin and small extent may be arrested by its continued use. It should be used several times a day from the commencement of every pregnancy. The mouth should be rinsed with it not only after every dose of mineral acid medicine, but also as soon as possible after acid fruits and whatever tastes acid in the slightest degree.

In case of serious illness, when the teeth are likely to be invaded by acidity from various sources, it may be possible to use it as a preventive when the toothbrush cannot be used, and in addition to it when it can. And, as it is more than a preventive of caries, often sufficing to keep threatening cavities quiet till they can be treated by operative means, it will be found so far serviceable during pregnancy and illness.

URTICARIA—BISULPHITE OF SODA.

Dr. Carter, Mt. Jackson, Ind., states that the hypodermic injection of a saturated solution of bisulphate of soda, in urticaria is the most prompt remedy in relieving this troublesome affection he has yet tried. It appears to act upon the periphery of the cutaneous nerves as does belladonna, except that the latter has a heating and the former a cooling effect.—*Med. Brief*.

NEURASTHENIA AND WOMB-DISEASE.

Just at this time Dr. Wm. Goodell, of Philadelphia, has done a good service in this direction of professional work in his annual address as president of the American Gynecological Society, at its meeting last year in Philadelphia. He starts out with the remark that "nerve-tire is so common a disorder in our over-taught, over-sensitive, and over-sedentary women that in its successful treatment every physician has an abiding interest." In further explanation of the class of cases referred to, and their probable nature, Dr. Goodell remarks:

"During menstrual life the sexual sphere preponderates over the others, so the stress of anemia or of the hyperemia in these secondary circulatory disturbances very generally falls on the reproductive apparatus. Then, again, malnutrition of nerve-centres produces a poverty in the quality of the blood, in which obtains a peculiar susceptibility to emotional excitement. Hysteria does not mean necessarily a diseased womb, nor yet is it an abstract entity, but the definite expression of some morbid action going on in the nerve centres. But let us go a step further. Since functional relation exists between every act of thinking, feeling, or willing on the one side, and some molecular change in the body on the other, it follows that the mind-illness caused by the body-illness can in turn produce a body-illness—the disturber becoming the disturbed. 'Thought,' says Tuke, 'strongly directed to any part tends to increase its vascularity and consequently its sensibility.' Hence come those life-mimicrds of grave structural disease, those mad muscles and local insanities. 'The nerves,' says Cabanis, 'they are the man;' most emphatically they are the woman."

As typical of the cases he has in mind, he draws this, as he styles it, "too common picture from life." "A girl who entered puberty in blooming health and without an ache is over-taxed and over-taxed at school. She loses her appetite and becomes pale and weak. She has cold feet, blue finger-nails, and complains of an inframammary pain. Headache, and back-ache, and spineache, and an oppressive sense of exhaustion distress her. Her catamenia, without suffering, now begin to annoy her more and more until they become exceedingly painful. Her linen is stained by an exhausting leucorrhea, and bladder troubles soon set in. She is wearied beyond measure by the slightest mental or physical exertion; a grasshopper is a burden to her, and she finally becomes hysterical. Now, very unfortunately, the idea attached to this group of symptoms is that the reproductive organs are at fault, and that the unit of resistance lies in the womb. A moral rape is therefore committed by a digital or a speculum examination, and two lesions will be found;

firstly, as a matter of course, a vaginal ante-flexion, and secondly, an endometritis. These are at once seized upon as the prime factors, and she is accordingly subjected to a painful, unnerving, and humiliating local treatment. Unimproved, she drags herself from one consulting-room to another, until finally, in despair, she settles down to a sofa in a darkened room and relapses into hopeless invalidism."

The interpretation of this train of symptoms he expresses thus: "The yet-developing nerve-centres of this brain-crammed girl were unable to cope with the strain thrown on them, and consequently they broke down. But jaded nerves make poor blood and faulty circulation. From these come cerebral and spinal irritation, with headache and backache, and with general exhaustion. But since this girl is at an age in which the sexual sphere predominates, the brunt of the nervous and circulatory disturbances falls on the most exacting organs, the reproductive."—*Obstetric Gazette*.

VERY TRUE.—Mr. Gough, in a lecture in England, referring to the question whether alcohol is a food or a medicine, remarked that in his opinion "it is very much like sitting down on a hornet's nest—stimulating, but not nourishing."

CREDIT the *Mich. Med. News* with these two:—"Give me the names of the bones of the cranium." "I've got 'em all in my head, professor, but I can't give them."

HABITUAL CONSTIPATION.

By ALFRED W. PERRY, M.D.

There is no derangement of the system which is more common or which remotely entails so many serious consequences as habitual constipation. The present effects, although less serious, are very unpleasant to the patient. The cerebral congestion and vertigo, which are frequently present, give rise to a constant dread in the patient of pending apoplexy or softening of the brain. It would be impossible in the limits of a short paper even to enumerate the anomalous symptoms produced by chronic constipation. As in most diseases dependent on different causes, we should, if possible, find the exact cause, and if it still exists try to remove it. But in the greater part of such cases the original cause has long since passed away and left only its effects behind, the most important of which is the perverted habit; which takes the place of the normal habit of relieving the bowels once daily. In most cases there exists some atony of the muscular coat of intestines and a diminished excitability. The want of success in treating these cases leads to a constant demand for new remedies, which are very fashionable for a time and are then dis-

placed by newer favorites. Of late we have had the Hunyadi Janos mineral water, the Friedrichshall water, Seidlitz powders put up under new names, Cascaro Sagrada, etc. I have used some of these in suitable cases with advantage, but, as a rule, I find such success from the use of very old standard medicines, that I have no necessity to try new ones. My remedies are aloes, extract of belladonna, strychnia, comp. ext. colocynth; all used in minute doses. I rarely meet with a case of habitual constipation, which is not cured or entirely relieved. The aloes I use in 1-6 to 1-3 grain doses, either alone or combined with 1-30 grain strychnia, made into a silver-coated pill, and given at first morning and night. For two days no effect may be produced, but after that time the above doses will produce one or two stools per day, in the morning; consistent and without griping. If two stools are produced, I let the patient take one pill daily, at night, and after this has continued a few weeks diminish the size of the pill gradually. The effect of small doses of aloes seems to increase with taking it; the large intestine and rectum acquire, in a few weeks, the habit of evacuating themselves daily, and frequently retain it ever after; in some cases the use of the pills must be continued months.

In a few cases I have found aloes to fail entirely and immediately, and in these cases I have succeeded in producing daily natural passages by the use of 1-15 to 1-10 grain doses of ext. belladonna given twice a day; after a few weeks use of the belladonna it has been left off, but the bowels have continued to act regularly. I have also used $\frac{1}{2}$ to $\frac{1}{4}$ grain doses of comp. ext. of colocynth two or three times a day, with the effect of producing daily passages, apparently natural. Many physicians may seem incredulous at the action of such minute doses, but I ask them to try them. Graham bread, fruit both fresh and dried, many natural waters, are used continuously for years, in habitual constipation, without bad effects; they act usually as stimulants to the mucous and muscular coat of the large intestine. There is no reason why, in cases which require it, we may not give minute doses of aloes, belladonna, or extract of colocynth for many months, or even years.—*Western Lancet.*

TREATMENT OF INSANITY BY DRUGS.

Dr. Geo. H. Savage has contributed an article on the Treatment of Insanity more especially by Drugs to the last number of Guy's Hospital Reports.

Until quite recently, observes Dr. Savage, *opiates* were looked upon as one of the sheet-anchors in the arrest of mental disease. Now we are more discriminating, and have to own that, whereas some cases are relieved by opium, some are not affected at all or

are really injured by its use. In the first place, the effect of this drug will vary with its mode of administration. Some cases are not improved by morphia administered by the mouth, but will recover, or be greatly benefited, by the subcutaneous injection of that alkaloid. Two or three cases are reported where no improvement took place until the patient was put upon a solution of morphia, in half-grain doses, two or three times a day, when a decided change for the better took place, and even ultimate recovery. Another case showed how morphia will control symptoms, though it may be long before it perfects a cure; and in the author's experience, "when symptoms are so controlled, it is only a question of time to cure." Another patient with active melancholia was quiet and happy as long as she took morphia, but if this was discontinued she became very irritable. In her case no medical treatment had been tried for two months previously to the administration of the morphia, and within twenty-four hours from the commencement of this drug she became quiet and reasonable. She is still under treatment, but will recover. In short, Dr. Savage would say that morphia has served him well in active melancholia both in old and young, but especially in old cases, such as climacteric and senile-patients; also where sleeplessness alone seems the cause of the mental break-down, and in some cases of excitement in which chloral-taking or over-stimulation has caused insanity; but it is of no avail in ordinary acute mania, general paralysis, profound melancholia, or complete dementia.

With regard to *chloral hydrate*, the writer would restrict its use to only a few forms of insanity. He justly remarks that "of all medicines recently introduced this has been the most largely used, and, I fear, if the good results were compared with the evil done, the latter would preponderate." The mere producing of sleep does little, if any, good in the majority of cases of insanity. It is, however, useful in the epileptic states, in the furor of epilepsy, and in some cases of insanity from excess of stimulants. In one case, where there was furious mania following epileptic fits, the chloral was sometimes given, and at other times withheld; and the results were always quietness with chloral and mania without.

Dr. Savage also speaks in favor of a combination of chloral and camphor (ten grains of each rubbed up with simple syrup), which was especially tried in two classes of cases—the wildly and distinctively maniacal, who were filthy in their habits, and in those who were erotic or lascivious in their behavior. The mixture produced a good effect, and out of twenty cases in which it was given fourteen were made more quiet. The use of the camphor, moreover, obviated the loss of appetite and of flesh, which was produced by the prolonged use of chloral alone, and all the patients gained in weight and improved in appetite. In more than one case the patient was quiet and decent while taking the medicine, and one case had every appearance of becoming a chronic lunatic till the chloral and camphor were given. The writer would recommend this combination in cases of puer-

peral insanity, especially in the sleepless, chattering form, where friends are mistaken and erotic feelings are present.

Of the value of conium the report is not very encouraging. In a case of violent mania it was of some benefit after the injection of morphia, camphor, and chloral, and other remedies had failed; and it is recommended in cases where patients are noisy and destructive, but at the same time require stimulants.

Of still less value is hyoscyamine, the effects of which are so powerful and dangerous that sickness and collapse have been known to follow one dose of it. In one case a thirteenth of a grain produced in an hour and a half complete inability to stand, sickness, cold, clammy skin, and absence of radial pulsation, without any good result following.

Of bromide of potassium the author has not a good opinion, but he confesses that his experience of that drug has not been very great.

Of all medicines purgatives have been most favorable with the older physicians and the majority of the best writers on insanity; but Dr. Savage says, "We rarely give them at Bethlem with the idea that we shall cure by these means, and still more rarely to quiet the patient and keep him employed." Stimulants, on the other hand, are more favorably spoken of. We are told that stimulants are a large item in the expenditure of asylums, and, when judiciously ordered and watched, they are of the utmost importance. Emmenagogues were also found of great service in the treatment of insanity complicated with amenorrhea. Of this class of drugs the tincture of black hellebore, in doses of one half to one drachm, was remarkably beneficial, and several cases are cited in which both the amenorrhea and insanity yielded to this remedy. The re-establishment of menstruation is important, and the return of menstruation unaccompanied by a mental change adds to the gravity of the prognosis.

Independently of ordering medicinal remedies, there are certain physical conditions which often contribute to the cure of insanity, and Dr. Savage draws particular attention to cases of this disease in which physical illness produced marked improvement in the mind of the patient. Thus several forms of insanity respectively got well spontaneously after the formation of a retro-uterine hæmatocoele, after a toothache and gum-boil, after inflammation of lower jaw, after an attack of erysipelas of head, after obstruction of the bowels, and after an attack of gout. "In former times the head-shaving and blistering treatment must certainly have improved some cases, just as we have found that in some purgatives are beneficial."

THE VALUE OF SALICYLATE OF SODA IN THE ACUTE ARTICULAR RHEUMATISM OF CHILDREN.

M. Archambault read a paper on this subject before the Société de Thérapeutique on the 12th of February last, a review of which appeared in *Le Progrès Médical* for March 22d.

M. Archambault, who is the physician to the

Children's Hospital, commences by saying that, although salicylate of soda has been very extensively employed in the acute rheumatism of adults, considerable hesitation has been manifested with respect to its use with children. He considers the subject under three headings, as follows:

1. The salicylate of soda is perfectly tolerated by children even in a daily dose of six grammes. All the little patients to whom the medicine was administered bore it well, and did not suffer from vomiting or any other disagreeable symptom. Only in one case was vomiting observed, and the little patient in this instance was suffering with nephritis. M. Archambault thinks the tolerance of the remedy is due to its rapid elimination. At the end of fifteen or twenty minutes it can be detected in the urine in considerable quantity.

2. Its use causes the rheumatic symptoms to disappear rapidly and entirely. Suppose, for example, that it be administered at the commencement of an acute attack in the quantity of six grammes in the doses at six hours intervals. Generally after the third dose, the articulations are much less painful, and the child is able to make some movements. The pain soon afterwards disappears entirely; the temperature and pulse undergo a decided fall, and the congestion of the joints is much diminished. These effects are almost invariable. M. Archambault is not willing to assert that the salicylate of soda is a specific in rheumatism, as quinine is in intermittent fever; but it is almost a specific. Furthermore, it is, he thinks, perfectly harmless, and it is very far preferable to any of the remedies heretofore employed. In subacute or in non-articular rheumatism it acts much less rapidly, but is exceedingly beneficial. As a general rule, M. Archambault gives the medicine three days in succession, and then suspends its use. The system remains charged with it for about sixty hours. Should a relapse occur, the medicine is resumed, but it is very rare to have more than two such relapses.

The dose depends upon the age of the child. At the age of two and a half years, four grammes may be administered in the twenty-four hours. At five years, six grammes in the dose of two grammes every six hours.

3. The salicylate of soda prevents the cardiac complications of acute articular rheumatism in children. The importance of this fact cannot be over-estimated. It has been said with reason that rheumatism in children was much more dangerous than in adults, because of the greater frequency of cardiac complications. A large proportion of the affections of the heart in adults may be traced to rheumatism occurring during childhood. Among the children treated by M. Archambault with salicylate of soda, there was not a single case in which the heart was affected, and this he thinks was due to the heroic method in which the medicine was given—the disease being cut short within twenty-four hours, before the heart troubles could be developed.

As a result of his observations, M. Archambault concludes that salicylate of soda is almost a specific for articular rheumatism in childhood, whether acute or subacute, and that it acts very beneficially also in other rheumatic manifestations, such as torticollis, and the simple painful affections of the joints. Torticollis is usually relieved in one or at most two days.

TREATMENT OF PROLAPSE OF THE RECTUM IN INFANTS.

Dr. Settimio Basevi (*Wien. Med. presse*, 1878, p. 1153) speaks of the ordinary method of treating this accident, namely by the application of a simple bandage after reduction, as being inconvenient and inefficient: it must be removed before each defecation. Basevi has suggested a new apparatus, which he has used successfully in a number of cases. In one, where the gut protruded four inches and had been out three or four days, it was reduced and cured: within twenty or thirty days the trouble was quite cured.

Basevi's operation is as follows. He cauterizes the mucous membrane of the intestine lightly with nitrate of silver, and replaces the gut. Subsequently enemata of tannin, alum, and ice-water are ordered, together with very strict diet, with a view to prevent enteritis. Should these measures fail and the intestine continue to come down, he uses his bandage as follows: The child is held by two nurses, with its buttocks up, over the bed, one securing the upper portion of the body, the other slightly abducted knees somewhat up in the air. This position is most favorable for the reduction of the prolapsed rectum, because the child cannot bear down. After reposition the surgeon stands on the right side of the bed, with the thumb of the left hand pressing the child's left buttock to the right, while the fingers bring the right buttock towards and against it. With the right hand several strips of plaster of some two finger-breadths are drawn from below upwards and outwards, overlapping one another, across the buttocks, from one trochanter to the other. The strips should approach the perineum as closely as possible. As a support to the plaster, a spica bandage of two or three finger-breadths is run over the lower part of the body. A gutta-percha or waxed paper covering can be used to keep the buttocks clean during defecation, and this bandage can be retained in position for a couple of weeks. If diarrhoea be present, astringent enemata may be employed; if constipation, laxative enemata; and these should be given by the physician himself, for fear of disturbing the bandage. The latter can be changed without difficulty when necessary.

INDICATIONS FOR THE USE OF DIGITALIS.

W. H. Day, M.D., in an article on neurosal affections of the heart in children, gives the following indications for the use of digitalis:

1. That when the heart's action is weak and intermittent, digitalis should be given with caution, whether the weakness and intermission depend on organic change, or whether they are purely neurosal.

2. If the heart's action is quick, though weak and intermittent, digitalis may be serviceable by reducing the frequency of the cardiac contractions and lengthening the diastole; if the heart is low and feeble in its impulse, digitalis ought not, in my opinion, to be administered alone, but should be given with a remedy like iron or strychnia.

3. In palpitation, from purely neurosal affections of the heart, with the heart's action hard and hammering, as in some cases of chorea and Grave's disease, bromide of potassium does good, and not digitalis. Hence, digitalis is unwarrantable in simple hypertrophy, but when dilatation is combined with it, is of service.

4. When there is weakness of the muscular structure combined with palpitation, belladonna, or digitalis with bromide of potassium, or iron, or strychnia, are of service.

6. In palpitation produced by muscular effort, digitalis is of less service, and often does harm. In muscular effort, digitalis is of less service, and often does harm. In muscular inefficiency, when the heart does not empty itself at every systole, and arterial pressure is low, then it does good.—*Practitioner*.

SQUILLS AS A DIURETIC.

M. Fort reports in the *Paris Medical*, a case of ascites in which he employed with success the following treatment. The ascites was of long standing; its cause could not be ascertained, and from its course it appeared to be idiopathic in character. He prescribed moderate frictions over the abdomen, morning and evening, with a mixture of tincture of squills and tincture of digitalis. Every third day a teaspoonful of eau-de-vie allemande (a preparation consisting of jalap, turbith, and scammony dissolved in brandy) was administered as a purgative. Three times a day a teaspoonful of the following was given, either pure or in gruel:

R	Oxymel scillæ	3 xijss.
	Syrupi digitalis	3 vi.
	Syrupi acaciæ	3 v.

M.

The cure was complete at the end of two months.

VINEGAR AS A POST-PARTUM HEMOSTATIC.

At a meeting of the American Gynecological Society, Dr. Penrose—in a paper on vinegar as a remedy in the treatment of post-partum hemorrhage—presented the following advantages:

1. It could be easily obtained.
2. It could be easily applied and instantly, without special apparatus.

3. It always cured the hemorrhage; or rather it had not failed in his practice.

4. It was sufficiently irritating to excite the most sluggish uterus to contraction, and yet not so irritating as to be subsequently injurious.

5. It was an admirable antiseptic.

6. It acted upon the lining membrane of the uterus as an astringent.

The remedy was applied as follows: Saturate a rag with vinegar; carry it into the cavity of the uterus, and squeeze it.

In the vast majority of cases, the hemorrhage ceased as if by magic when the vinegar passed over the surface of the uterus and the vagina. It could be easily repeated, in case the first application failed.—*Cincinnati Med. News.*

EXTERNAL APPLICATIONS IN STRUMOUS DISEASE.

Dr. Horatio Storer, in the *Virginia Medical Monthly*:

From oil inunction every physician has obtained benefit who has taken the trouble to see that it was faithfully employed. Ordinarily olive oil has been ordered, on the ground that it is cleaner. I am quite sure, however, that in fish oils, the odor of which, when prepared and kept with care, is no worse than many remedial agents that are constantly prescribed, we have a drug of greater specific power. Their price, especially the oil of menhaden, as compared with that of the olive, is much less, and on this account is of importance, certainly in hospital and dispensary practice.

Sea-water is so easily procured, so close at hand to many of our profession, that we are apt to forget that it is, in reality, a "mineral water" of exceeding value. Let the same or very nearly the same formula be discovered in any spring-existing inland, as is the case with some of the most famous health-resorts in this country and Europe, and language in praise of it is exhausted by medical men. But then this sea-water is so very common. Allowing for all the benefits that change of air, of diet, of scene and of thought have for an invalid brought to the sea-side, there yet remains, and prominently, the effect of the sea-bathing; and this, too, where the water is still and the stimulating shock of surf is absent.

Much of the advantage to be derived from sea-water can no doubt be obtained from its natural salt procured by evaporation, which the skill of the chemist has in vain tried to imitate. It is now somewhat difficult to obtain real sea-salt, as almost all the evaporating vats along the coast have been allowed to fall to pieces since the general use of rock salt and that from salt springs; but it would be for the advantage of invalids were it and sea-water added to their list of necessities by druggists and country physicians. A pint of sea-water or half an ounce of sea-salt dissolved in a pint of rain water will, if used with care, furnish an abundant

sponge-bath. Careful analysis of the true and factitious sea-salts may seem to give identical results, but in effects the latter will be found to be lacking in a certain something that is possessed by the former.

Sea-water, it may here be said, has the same advantages as other mineral waters where indicated for internal use. In an overdose, like them, it will vomit and purge. In more reasonable quantities it produces, like them, a tonic, alterative, resolvent, deobstruent effect.

When used as a bath, there are many methods, usual and unusual, by which to employ sea-water for strumous cases. I have spoken of the possibility of producing a temporary and local saline climate by its atomization. Here, in reality, we bathe and stimulate the respiratory mucous membrane, as well as obtain medicinal absorption thereby. In precisely the same way, by the atomizer, by the direct douche, and by the "internal soak," as it may be termed, where the cavity is partially filled, and allowed to remain unemptied for a considerable period of time, the rectal, vaginal, and even vesical coats may, for various indications, receive sea-water applications.

SMARTWEED.

The smartweed, "*Polygonum Punctatum*," *P. hydropiperoides*, is a common weed, well known as a domestic remedy; but its true place in therapeutics is but little known or valued. In dysentery, watery, and mucous diarrhoea, few agents have proven of more value. The dry plant yields about eighteen per cent. of tannin. Whatever its other proximal principles are I do not know. I prepare a saturated tincture. As an anti-pyretic in typhomalarial and our bilious remittent fevers, it has few equals. With it the temperature may, in a few hours, be brought down from 102°, or even 104°, to 98°, and at the same time it is valuable as an anti-periodic. It is an active stimulant, uncombined with some of the salts of the cinchona, one half the ordinary dose of the latter will have a better effect than a full dose uncombined.

When taking polygonum, the patient feels it to be a stimulant, and will, say "that medicine warms me all over, I feel it to the tips of my fingers." In dysentery, when there is tormina and tenesmus, I give from m. xx to ʒi in mucilaginous drinks every hour or two, as occasion demands, and when the discharges are so frequent as to prostrate and cause loss of sleep, an enema of polygon., ʒi in an ounce of cold water, after each defecation, will calm and still the bowels in a short time. In hemorrhage of the bowels, no drug within my knowledge given by the mouth and as enema will so soon check it, I think it has no, or but little, influence in reducing the rates of the pulse. I use

it in all forms of bowel complaints, particularly in the diarrhœa of typhoid fever. It acts as a diaphoretic and mild diuretic.

For the watery diarrhœa in children I use—

R. Tinct. polygon., 3 i;
Tr. rhœi comp.,
Tinct. zinziber, aa 3 iv;
Tr. camphor, 3 ij;
Syr. annise, 3 vi;
Sodæ bicarb., 3 i.

S. From half to a teaspoonful, according to good judgment. This formula having no opium in it is a safe domestic remedy.

Some of the fluid extracts are of little value, I think from want of care in gathering the true plant. There is a variety of the species known as heartsease; the leaf is larger than the true, marked with a dark blotch, which the true has not. The flower of the true is pink, that of the false white. The plant should be gathered when in bloom, and dried quickly in the house. Keep in tight paper bags, otherwise it soon loses its virtues.—*Med. Bi-Weekly*.

NERVE STIMULANTS.

Dr. Brunton has the following interesting and suggestive remarks on this subject in a recent article in the *Contemporary Review* :—

There are two nerves, known as the "fifth pair," which are distributed to the skin of the head and to the mucous membrane of the eyes, nose, and mouth. These nerves are closely connected with the heart and vessels, and by stimulating their branches the circulation may be greatly influenced, as in the case of fainting. It is a curious fact that people of all nations are accustomed, when in any difficulty, to stimulate one or another branch of the fifth nerve, and quicken their mental processes. Thus, some persons, when puzzled, scratch their heads, others rub their foreheads, and others stroke or pull their beards, thus stimulating the occipital, frontal, or mental branches of these nerves. Many Germans, when thinking, have a habit of striking their fingers against their noses, and thus stimulating the nasal cutaneous branches; while in other countries some people stimulate the branches distributed to the mucous membrane of the nose by taking snuff.

The late Lord Derby, when translating Homer, was accustomed to eat brandied cherries. One man will eat figs while composing a leading article; another will suck chocolate creams; others will smoke cigarettes; and others sip brandy and water. By these means they stimulate the lingual and buccal branches of the fifth nerve, and thus reflexly excite their brains. Alcohol appears to excite the circulation through the brain reflexly from the mouth, and to stimulate the heart reflexly from the stomach,

even before it is absorbed into the blood. Shortly after it has been swallowed, however, it is absorbed from the stomach, and passes with the blood to the heart, to the brain, and to the other parts of the nervous system, upon which it then begins to act directly. Under its influence the heart beats more quickly, the blood circulates more freely, and thus the functional power of the various organs in the body is increased, so that the brain may think more rapidly, the muscles act more powerfully, and the stomach digest more easily. But with this exception the effect of alcohol upon the nervous system may be described as one of progressive paralysis. The higher centres suffer first, and the judgment is probably the first quality to be impaired, and this becomes the more so as the effect of the alcohol progresses, although the other faculties of the mind may remain not only undiminished by the direct action of the alcohol on the brain, but greatly increased by general excitement of the circulation. By and by, however, the other parts of the nervous system are successively weakened, the legs fail, and the person falls insensible. It is evident, then, that only the first stages of alcoholic action are at all beneficial, the later stages being as clearly injurious.

CORNS.

M. Guibot's treatment is to soften the corn by applying to it, for one night, an ointment consisting of turpentine and acetate of copper, each one part; white resin, two parts; and yellow wax, four parts. The corn should then be excised with scissors, care being taken to go deep enough to remove its summit. After excision, the matrix should be cauterized with sulphuric acid, else the corn will be reproduced.

ERGOTINE IN CEREBRAL APOPLEXY.

Dr. N. S. Foster, *Lancet*, after observing the rapid action of subcutaneous injection of ergotine in arresting uterine hæmorrhage, tried the same means in cases of cerebral apoplexy. He reports two cases, in which the symptoms were characteristic of cerebral lesion. The coma was gradually deepening, on injecting ergotine in the arm, became less intense, and the grave symptoms soon disappeared.—*Michigan Medical News*.

URTICARIA—BISULPHITE OF SODA.

Dr. Carter, Mt. Jackson, Ind., states that the hypodermic injection of a saturated solution of bisulphite of soda in urticaria is the most prompt remedy in relieving this troublesome affection he has yet tried. It appears to act upon the periphery of the cutaneous nerves as does belladonna, except that the latter has a heating and the former a cooling effect.—*Med. Brief*.

THE CANADA MEDICAL RECORD,

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EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

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TO OUR SUBSCRIBERS.

With this number the seventh volume of the CANADA MEDICAL RECORD is brought to a close. We have reason to believe that our efforts to produce a medical journal of a thoroughly practical character are appreciated. The support accorded to us is encouraging, and our circulation is steadily growing. Will our friends make an effort and recommend it to their medical brethren? Will they also kindly take a look at the date on their address label, and, if they are in our debt, we will feel obliged by a remittance to cover it.

The meeting of the Canada Medical Association at London, Ont., on the 10th and 11th of September, was, in our opinion, all things considered, the best meeting which that body has yet had. The attendance, although not quite up to what was expected, from the character of the medical men in the vicinity of the Forest City, was yet sufficiently large to impart an air of respectability and solidity to the meetings, which on the first day consisted of three sessions, the latter extending well into the night. The papers presented were more numerous than they have ever been, and many of them were most creditable to their authors and the Association. One or two were hardly in place, and the observations which followed their reading certainly indicated that they had not been acceptable. The discussions were somewhat hurried and brief; this was, however, due to the fact that the time of the Association was hardly sufficient to enable members to read the papers they desired to present, so that little time was left for discussion. The only way to obviate this difficulty is to divide the Association into sections, and yet its membership is not equal to such a division, so that for the present this misfortune must be endured. The hospi-

talities extended by the profession in London were far more than the Association had any right to expect; they brought a successful meeting to a close by a banquet, the equal of which we have seldom seen. It was an evening long to be held in remembrance by those who were privileged to be present. The Ontario Government showed its appreciation of the work in which the Canada Medical Association is engaged by inviting it to visit its Asylum in London, and within its spacious halls entertaining it to a splendid luncheon. For full details of the meeting we refer our readers to another part of this Journal.

Our friend Dr. Ross, one of the new editors of the *Canada Medical and Surgical Journal*, in replying to the toast of the Medical Press, at the Banquet given to the Canada Medical Association by the profession of London, Ont., stated that he had the honor of being the editor of the oldest Medical Journal in existence in Canada. In making this statement Dr. Ross was in error, the Journal which he now edits was started exactly at the same time that this one was, the *Canada Lancet* being in existence for several years previously. We believe Dr. Ross made the statement in good faith, for we are quite satisfied he would not desire to claim that, to which he is not entitled.

PERSONAL.

Mr. Stephen S. Alford, the eminent London surgeon, cousin of the late Dean Alford, is now on a visit to America. Dr. Alford will visit in his tour all the principal cities of Canada and the United States, and the chief points of interest. He is also much interested in the work of reforming inebriates (a society for the promotion of which he is Honorary Secretary of in London), and will visit all the leading homes for the cure of inebriates on the Continent with a view to acquire all the practical hints possible in this direction. We wish him a safe as well as a pleasant and profitable journey.

BEAUTIFUL PICTURES FOR ALL.

The Great Art Publishing House of George Stinson & Co., of Portland, Maine, moves steadily on the even tenor of its way, apparently not feeling the dull times. During the year 1878

they sold over Four Million pictures of all descriptions. They publish every description of fine pictures, and the prices range from ten cents upwards to twenty dollars per copy. Their correspondence for this large business is immense; they receive, on an average, over one thousand letters per day. Messrs. Stinson & Co. publish only the better class of pictures, and it is well-known that anything coming from this reliable house is of standard merit. We have just received copies of four very fine steel engravings, which they have just brought out. The plates were engraved in London, at an expense of four thousand pounds sterling, or twenty thousand dollars, to which great sum must be added the customs duty of twenty-five per cent. on account of their being imported into the United States. These engravings are after paintings by great modern masters of art, and the artists who engraved the plates stand in the front rank of the world's renowned engravers.

It is believed, and generally conceded, that these engravings make up the finest and most elegant set of works of high art ever brought out by American publishers. This enterprising firm, though many years in the Art Publishing business, have not grown old and unprogressive, but on the other hand make improvement and progress year by year, giving the people better and better pictures for the same or less money. They may, we feel sure, fairly claim to stand at the head of the Art Publishing business in America. We can only understand the colossal proportions their trade has assumed by remembering that this is a great and mighty nation of nearly fifty million people. We cannot better illustrate the magnitude of their business than to state the amount of money paid by them for postage stamps during the year 1876, 1877, and 1878. We have the figures direct from the firm, or we should think there was some error. In 1876, they paid for postage \$33,104.92. In 1877, they paid for postage \$37,268.76. In 1878 the amount of money that they paid for postage stamps was simply enormous—a little over \$50,000.00. Stinson & Co. stand among the largest and most judicious advertisers in the country, and a short time since paid in a single day \$24,000.00 in cash on a contract for advertising. They employ agents everywhere throughout the United States and Dominion of Canada for the sale of their pictures by subscrip-

tion; we call attention to their advertisement for agents in another column. Those who need pleasant profitable work should correspond with them.

REVIEWS.

Transactions of the American Gynecological Society, Vol. 3. Houghton, Osgood & Co., Boston.

This work, in point of printing and binding, resembles its predecessors, and in many respects surpasses them. The value of these editions, especially to Gynecologists, is now well established, for from no other source can so much practical information be obtained. In them we have the opinions of men eminent in their specialty, expressed during the discussions following the reading of each paper, so that many practical and important observations would otherwise be lost but for the meetings of this society. The volume before us preserves the observations that have been uttered at the third annual meeting, and thus presents to the general practitioner much that otherwise could only be obtained after long experience in gynecological practice.

Twenty-three papers were read and discussed which, with a list of the officers, proceedings of the Society, and an index, form a work of nearly 500 pages. The latter part of the book contains an index of gynecological and obstetrical literature for the year 1877, a very valuable feature to writers on special subjects, as it saves a vast amount of labor and research.

Owing to the death of the President, Dr. Peaslee, the first Vice-President, Dr. Goodell, delivered the annual address, taking for his subject "The Relation of Neurasthenia to Diseases of the Womb." After paying a sad tribute to the memory of Peaslee and Atlee, whose contributions to Gynecology had done so much for the advancement of our knowledge, and referring to the omission of papers bearing upon diseases of children, the subject of the discourse was then given. Dwelling upon the fact that too often a disordered condition of the womb is taken as the cause of the general symptoms which manifest themselves, instead of being a sequence or coincidence of malnutrition or weakened innervation, and that the visible manifestation of disease is treated as

the sole factor, to the detriment of the patient and non-improvement of her condition. He points out a line of treatment which has been successful in his hands, citing cases in proof. We are of opinion that the views so ably set forth are not altogether confined to the author, and that others, especially those having experience of such patients, have had like ideas forced upon them, though they may not have been able to express them so forcibly. The subjects of the different papers are as follows:—

A Case of Rupture of the Perineum without Implication of the Vulva. By T. C. REEVE, M.D.

On the Surgical Treatment of Stenosis of the Cervix Uteri. By J. MARION SIMS, M.D.

It is impossible, with the limited space at our command, to fully review this long and valuable paper. The various operations for the relief of the stenosis and the modes of performing them are clearly set forth. Simpson's Bilateral and the author's antero-posterior incision are contrasted, and the conditions given for which one or the other is to be preferred. The former where the cervix is normally developed, the Ant. and Post. segments normal and the Os pointing backwards. Sims, where the intra-vaginal cervix is abnormally developed, posterior segment longer than anterior, and where there also exists antelexion. Full details of the operation and precautions to be observed are given, the whole illustrated with numerous diagrams. Only an experienced specialist should ever practice this operation, for, from the fact that it has failed to accomplish its object, and that even death has followed its performance, it must be a comparatively rare procedure. The discussion which followed, showing that, even with the prestige that Dr. Sims' name bestows upon the operation, much divergence of opinion exists as to its value or necessity.

A Case of Extra Uterine Pregnancy with discharge of the fetal bones through the bladder. F. P. WHITE, M.D.

The difficulty in making a correct diagnosis in such cases was in this fully exemplified, it being at first mistaken for a pelvic hematocoele, and so treated, the patient nearly dying from peritonitis. The nature of the case was not

determined until long afterward, when the discharge of the fetal bones proved its true nature. Parry's conclusion that operative interference should be delayed until the symptoms demanded it, is adopted by the author—a conclusion that will likely be followed by those who have had any experience of such patients, for only in exceptional cases can any other plan be pursued.

A Case of Foot and Head Presentation; Fracture of the Spine in Utero. F. T. JOHNSON, M.D.

The case records a presentation but rarely met with, and the danger the child runs from delay. Life would no doubt have been preserved had skilled assistance been called in earlier. The difficulty of completing delivery by forceps was also shown. We have experience of one such presentation. Version was early performed without much difficulty and the child saved, and our opinion is that, as soon as such a presentation is discovered, turning should be resorted to in preference to forceps.

The necessity for early delivery as demonstrated by the analysis of one hundred and sixty-one cases of Vesico-Vaginal Fistula. T. A. EMMET, M.D.

In the majority of cases tabulated, it was proved on enquiry that but few of these women were attended by physicians or, if one was called in, it was only at the last moment and only to effect delivery. The analysis and the discussion which followed is of especial value in its medico-legal aspect. The opinions expressed supporting the author in his views, which were that in the production of Vesico-Vaginal Fistula there are two causes; a direct, from long impaction of the head interfering with circulation and subsequent sloughing, and an indirect from neglect to empty a distended bladder. Dr. Emmet states that he never met with a case that could be shown to have resulted from instrumental delivery. It was generally agreed by the speakers that it should be the rule as soon as the head ceases to recede (and consequently to advance) to use the forceps without delay, and that such interference should not be regarded as an operation but as an accompaniment of labor for the purpose of relieving suffering and shortening its duration. Regret was expressed by speakers that forceps had not been resorted to earlier in some

cases, but none that they had ever employed them in any. The necessity of attending to the condition of the bladder was enforced, and also the greater danger of perineal rupture by instruments pointedly referred to. While we would deprecate the unnecessary use of instruments, we think that the judicious application of the forceps for the purpose of shortening severe labor is beneficial to the patient; it relieves her suffering, and a better convalescence is obtained. Some accoucheurs leave nature do her utmost, and only when the failing powers of the patient warn them that they must interfere do they assist. Such generally lack that confidence and expertness which practice or less difficult cases bestows upon the operation. Forceps, being much more frequently used now than formerly, do not inspire that terror and prejudice which they did when restricted to the most severe and dangerous cases.

The Hand as a Curette in Post Partum Hæmorrhage. H. P. WILSON, M.D.

The Treatment of Post Partum Hæmorrhage. R. A. F. PENROSE, M.D.

Both papers were discussed at the same time. The discussion went fully into the various forms and causes of hemorrhage and the remedial treatment. The object of Dr. Penrose's paper was, however, to bring prominently forward a remedy which was successful in his hand when all others had failed. This was common vinegar, being quickly obtained, instantly applied, antiseptic, astringent, and, while being an irritant to the uterus in causing contraction, is non-injurious. The value claimed for this remedy should be known to all obstetricians.

Dermoid Tumors of the Ovary. W. H. BYFORD, M.D.

A Contribution to the Study of the Treatment of the Acute Parenchymatous Nephritis of Pregnancy. W. L. RICHARDSON, M.D.

Alternating Anterior and Posterior Version of the Uterus. S. C. BUSEY, M.D.

Remarks on Gastro-Elytrotomy. H. F. GARRIGUES, M.D.

This operation, devised to replace Cesarean Section by Dr. Thomas, finds an able exponent

in Dr. Garrigues. As we have but lately reviewed the author's work on this subject we refer our readers to the remarks then made.

The Pendulum Leverage of the Obstetric Forceps. A. H. SMITH, M.D.

The author insists as essential that traction should be made steadily in the median line without any lateral or pendulum motion. This view differs from most of our authorities, and it was objected to by the speakers who followed the reading of the paper.

Rectal Alimentation in the Nausea and Inanition of Pregnancy, &c. H. F. CAMBELL, M.D.

The author favors the introduction of nutritive enemata, not as a *dernier ressort*, but to supplement deficient nutrition by the stomach so as to prevent emaciation and exhaustion from commencing. The theories of the process by which absorption occurs is given, the author, in support of his own opinion, detailing facts coming under his observation.

Unexpected Narcotism induced suddenly on the third day of the administration of three grains. Suppositories of Opium. F. P. WHITE, M.D.

Three Cases of Rupture of the Uterus. T. PARVIN, M.D.

On the Early Delivery of the Placenta when Previa; with the relation of a Case of Spontaneous Separation of the Placenta without Hemorrhage. J. E. TAYLOR, M.D.

The author insists that delivery should be proceeded with if the flow is profuse, whether at the 7th, 8th, or 9th month, even if the cervix is not expanded and the os tincæ still closed. All methods of treatment are reviewed, opinions of various authors cited, and the reasons for his own views fully given.

Treatment of Pelvic Indurations and Adhesions. E. VAN DE WARKER, M.D.

On Some Points in Connection with the Treatment of Sterility. A. REEVES JACKSON, M.D.

The author points out that failure in the treatment of sterile conditions often arises from our defective knowledge of the vital processes concerned in conception and gestation; from undetected disease or malformation in the neighboring organs, as the ovaries or tubes; and that too much reliance is placed upon

mechanical and surgical treatment. Failure, also, often resulting from a want of persistence in the treatment adopted.

A Case of Extreme Antiversion and Antiflexion of the Uterus at the Full Term of Pregnancy. J. E. TAYLOR, M.D.

Memoir of Edmund Randolph Peaslee, M.D., LL.D. By FORDICE BARKER, M.D.

In Memoriam Washington Lemuel Atlee. By T. M. DRYSDALE, M.D.

The Mechanism of Retroversion and Prolapsus of the Uterus considered in relation to the Simple Lacerations of the Cervix Uteri and their Treatment by Bloody Operations. NATHAN BOZEMAN, M.D.

We have only to add, in conclusion, that the majority of the papers read at this meeting are eminently practical in their character, of great utility for reference, and are exceedingly valuable additions to gynecological literature, without which no medical library can be considered complete.

CANADA MEDICAL ASSOCIATION.

The Twelfth Annual Meeting of the Association was held at London, Ontario, on the 10th and 11th of September. The attendance was good, and the interest manifested exceeded perhaps that of any previous meeting of the Association. The sessions were held in Victoria Hall, a very handsome one, and answered the purpose admirably, save in one particular, the want of committee rooms, which would have facilitated work to some extent had they been available. The Association was called to order shortly after ten o'clock on the 10th September by the President, Dr. J. D. MacDonald, of Hamilton. Dr. Brodie, of Detroit, was present as the representative of the American Medical Association, and the following gentlemen were introduced as visitors and invited to take seats on the platform: Drs. Gustin and Noyes, of Detroit; Dr. Dunlop, of Springfield, Ohio, and Drs. Goodwillie and Leaming, of New York.

The minutes of the last meeting of the Association were read by the General Secretary, Dr. David, of Montreal, after which Dr. Osler, of Montreal, on behalf of the Publication Committee, reported that the transactions of the

previous meeting had not been published, as the appeal among the members to subscribe for them had not been responded to in a manner to warrant the Committee in printing them. The only year that they had been issued the Committee was indebted to the profession in Montreal, who came to their assistance and donated a considerable sum for that purpose. Till the Association became financially stronger the Committee did not think it possible to print the transactions.

Dr. Botsford, of St. John, N.B., read an interesting report on climatology and epidemic diseases.

Dr. Riddle, of Toronto, read the report of the Chairman (Dr. Covernton, of Toronto) of the Committee on Medical Education. This report was an exhaustive and able one, but touched upon somewhat dangerous ground, and elicited remarks from several members of the Association, among them the President, and Drs. David and F. W. Campbell, of Montreal.

The reading of papers was then proceeded with.

Mr. Bucke submitted an excellent paper on "Alcohol in Health and Disease," in which he declared his belief that this stimulant could be very well done without in the practice of medicine. He related his experience in connection with the London Lunatic Asylum, and said that, after making exhaustive experiments, he had discontinued its use in the institution altogether. Alcohol was either a stimulant or it was not; either a means of doing good or of doing injury. He would not discuss the last idea, but submitted the opinion that it was at least of no practical benefit to persons either in health or disease.

Several gentlemen present raised a strong objection to the theory advanced by Dr. Bucke, believing that its use was decidedly beneficial. They agreed at least that there was no drug that could properly take its place.

Dr. Joseph Workman, of Toronto, was not in harmony with the ideas of Dr. Bucke, and quoted his experience in the Toronto Lunatic Asylum, when he was its medical superintendent, in support of his opinion. In the Asylum, however, he had seldom used it but as a means of comforting patients who were on the path to the grave, and making their last hours as painless as possible.

The President supported the remarks made by the speakers in opposition to the ideas advanced in the paper, and at the request of the meeting he thanked Dr. Bucke for his able discourse on the subject.

The Association then adjourned till the afternoon.

AFTERNOON SESSION.

The afternoon session was opened by the President reading his address. (This paper will be found among our original communications.)

Dr. Leaming, of New York, next read a paper on "Epidemic Pleuro-Pneumonia." He alluded to the various climatic conditions which apparently influenced this disease, and stated that for several years there had been noticed, especially in the Southern States, a tendency to serious outbreaks of this disease. By the inhabitants of the States these outbreaks were as much dreaded as that of yellow fever. In speaking of the treatment of the disease he was in favor of active measures,—bleeding and calomel, the latter in doses of a drachm. The beneficial effect of this drug was manifested in a remarkably short time, and in reply to a query from a member he said that such large doses did not produce any severe purging, generally two or three motions.

Dr. Goodwillie, of New York, then read a paper on "Affections of the Nasal Septum," in which he explained the hindrance to respiration which occurred by warping of the septum, existoses, tumors, &c. We hope to publish this paper entire in our next issue.

Dr. J. H. Burns, of Toronto, read a paper on health registration, and pointed out the value which such statistics would have, taken in connection with meteorological observations, could they be obtained in sufficient number to base general averages upon. He exhibited a schedule intended to show the number of cases of various diseases occurring weekly in the practice of physicians. Mr. Monk, of the Meteorological Office at Toronto, was deeply interesting himself in the matter, and was engaged tabulating those returns, which many gentlemen in Toronto and other portions of Ontario were sending to him every week. Dr. Burns stated that although the effort to obtain these reports had hitherto been confined to Ontario, they would be delighted to get returns from any

portions of the Dominion, and would furnish blanks to any desiring them.

The scheme was favorably eulogised by several of the members, and, with a view of facilitating the object, the Secretary was instructed to ask the Post Office Department to transmit the returns free of postage.

Dr. Joseph Workman, of Toronto, read a paper on "Placenta Prævia," in which he took exception to the invariable adoption of the views held by the late Sir Jas. Y. Simpson.

After some discussion the Association adjourned.

EVENING SESSION.

Dr. J. A. Grant, of Ottawa, read a very interesting paper on a case of "Ovarian Dermoid Cyst"—a rare case. The patient was forty-seven years of age, and had been married about twenty years. Had generally good health. Had only one child, which was eighteen years of age. The labor was very severe, lasting forty-eight hours. Her convalescence was exceedingly slow, she having had to keep her bed for about three months. On getting round did not observe any ill effects remaining, save that menstruation was very irregular. Seven years ago noticed her abdomen was enlarging. Five years ago, a tumor was diagnosed, for which she entered the Edinburgh Royal Infirmary in October, 1877, under Professor Simpson. At this time her size was considerable. Was in the hospital five months, during which time the tumor twice discharged spontaneously serous fluid from an opening at the umbilicus, which gave her much relief. Six quarts were discharged the first time, and four quarts the second time. Subsequently had a third discharge of four quarts. Having come to Canada, she was, on the 28th of August, 1878, admitted into the Ottawa Hospital, and Dr. Grant examined the case. She had the appearance of a person the full term of pregnancy. No large or dark colored veins, as in fibro-cystic tumors; percussion generally dull; abdominal walls mostly soft and elastic; fluctuation detected. Examination *per vaginam* revealed no abnormality of uterus, bladder save that due to undue pressure; rectum healthy, and no appearance of malignant disease in the pelvic viscera; heart, lungs, liver, and kidneys healthy. August 29th, 1878, operated; gave chloroform; incised the abdominal walls and exposed tumor. Used Spencer Well's

large trocar, but the contents of the cyst were too thick to flow. The trocar being removed the cyst forcibly evacuated its contents freely. The cavity of the cyst being well exposed by a free incision, was examined by the hand, and the contents removed, no perceptible tumor being observed. The sac was attached by its entire posterior surface to the intestines, abdominal walls, pelvic surfaces, and all the contiguous structures, no portion of intestine being visible. The entire contents weighed 25 lbs., and was about the consistence and feel of bran meal. They were removed by the hand. The cavity was sponged out with carbolized water, and the incision closed with silk sutures and adhesive plaster; over this a compress of carbolized water, covered by a thick layer of cotton batting, and all held on by a flannel roller. A large sized drainage tube was passed into the sac, and brought out through the dressing, so as to allow of the free escape of any accumulating fluid—considerable purulent fluid escaped from time to time. The sac was freely washed out with carbolized lotion through the drainage tube. Quinine and iron, with the usual nourishing diet, and occasional stimulants, were given, and the discharge gradually lessened. The strength gained as the discharge changed from its serous character to that of laudable pus. The drainage tube was gradually shortened as the sac closed, and in four weeks was entirely removed. The abnormal incision healed almost entirely by first intention. She left the hospital October 28th, 1878, since which time she has been in good health, and has performed her ordinary household duties. The contents of the tumor had a dark gray appearance, and had long black hairs scattered through it—but no bone structure or teeth. It consisted of free fat—fatty cells—crystals of cholesterine and permanent epithelium. It had not any odor.

Two complications took place during the progress of the case, viz., septicemic symptoms and dysentery. About the 23rd September the discharge from the sac was offensive and copious. On the 25th September there was an attack of unilateral mumps, with a temperature of 103° and a pulse of 96. Examination at this time showed bulging below left hypochondriac region. Firm pressure over this spot caused a free discharge of offensive matter through the drainage tube. At this stage the stomach was

very irritable. All these symptoms gradually subsided. The dysenteric attack was only of a few days duration. Dr. Grant said that he had not thought of meeting a case of dermoid cyst of the ovary, hence, being taken unawares, had recourse to the plan detailed. The transmission of septic influence to distant parts, such as the glands of the neck, was a point of much interest, also its escaping the peritoneum, which, in a parturient patient, is so readily affected by zymotic influence.

Dr. Dunlap, of Springfield, Ohio; Dr. Bilington, of Strathroy; Dr. Hanson, of Hyde Park; and Dr. Osler, of Montreal, made remarks on Dr. Grant's paper.

Dr. Rosebrugh, of Hamilton, read a paper on "Fibrous Tumors of the Uterus." This paper was an admirable compilation of the views of the various leading authorities on the subject, but was considered hardly a suitable one to occupy so much of the time of the Association.

Dr. Scott, of Woodstock, Ont., exhibited an ecraseur of his own invention, also a uterine pessary for retroflexion. They were examined with much interest.

The Association then adjourned till Thursday morning, September 11, at 10 o'clock.

SECOND DAY, THURSDAY, 11TH SEPTEMBER.

The Session opened this morning shortly after ten o'clock. The attendance was large, a hundred and ten members being present. The minutes of the previous day's proceedings were read and approved. A notice of motion was given, moved by Dr. F. W. Campbell and seconded by Dr. Osler, viz.: That papers to be read before the Association must not occupy more than thirty minutes.

Dr. Osler, of Montreal, then delivered an able lecture on "The Medical Anatomy of the Brain," illustrated by diagrams and beautifully prepared preparations of the human brain. These specimens were prepared after the method described by Dr. Osler at the meeting of the Medico-Chirurgical Society at Montreal, and will be found in detail in the August number of this Journal, page 304.

Dr. Buller read a short paper on "The Use of Pilocarpin in Iritis." He related several cases showing the beneficial results which had followed its use in his hands.

Dr. Noyes, of Detroit, corroborated the views enunciated by Dr. Buller.

Dr. Bueke, on behalf of the Nominating Committee, at this stage presented a report, recommending that the next meeting be held in Ottawa, and that the Committee of Arrangements be comprised of Drs. Grant, Wright and Sweetland. The report also recommended that the following be the officers for the ensuing year:

President—Dr. R. P. Howard, Montreal.

General Secretary—Dr. David, Montreal.

Treasurer—Dr. Edmund Robillard, Montreal.

Vice-Presidents—Dr. Hill, of Ottawa, for Ontario; Dr. Francis W. Campbell, of Montreal, for Quebec; Dr. Atherton, of St. John, for Nova Scotia; Dr. Parker, of Halifax, for Nova Scotia.

Local Secretaries—Ontario, Dr. Wright, of Ottawa; Quebec, Dr. George Ross, of Montreal; New Brunswick, Dr. Allison, St. John; Nova Scotia, Dr. Wilkwire, of Halifax.

Standing Committees—Publication: Drs. Osler, Fenwick and F. W. Campbell. Arrangements: Drs. Sweetland, Grant and Wright. Medicine: Drs. Wright, of Ottawa; A. Wright, of Toronto; Harrison, of Selkirk. Surgery: Drs. Roddick, Athlon and Burrett. Obstetrics: Drs. Burns, Gardner and Black. Therapeutics: Drs. D. Clark; Metcalfe, Kingston; Stevenson, London. Neerology: Drs. Edwards, London; F. W. Campbell, Montreal; Fulton, Toronto. Climatology: Drs. Oldright, Toronto; Larocque, Montreal; Botsford, St. John, N.B. Ethics: Drs. MacDonald, Hamilton; Hingston, Montreal; Robillard, Montreal; Parker, Halifax; Grant, Ottawa; Botsford, St. John, N.B.; Marsden, Quebec; Bucke, London; Clarke, Toronto; and Osler, Montreal.

The report was received and adopted.

Dr. Holmes, of Chatham, Ont., read a paper on "The Antagonistic Action of Cold," when applied externally in a febrile state of the system. He eulogised the cold bath in continued fever, and acute internal inflammations. He said that he had also found it especially valuable in infantile diarrhoea, accompanied by fever, and in infantile convulsions accompanied with a high temperature.

Dr. Grant moved, seconded by Dr. Bucke, that the following gentlemen be requested to contribute papers at the next session of the Association: Dr. Osler, Montreal, on "The Progress of Pathological Science;" Dr. Roddick,

Montreal, on "Antiseptic Surgery;" Dr. Botsford, St. John, N.B., on "Sanitary Science."

Some discussion ensued on this motion, several members taking the view that it would be better to put in the form of a suggestion from the Association, instead of its present form, which possibly might prevent communications on these subjects from other members of the Association; others favored its passage, as being an attempt in the right direction, in fact, following, in some measure, the practice of the British Medical Association. The resolution was finally carried by a large majority.

Dr. Playter, of Toronto, made some remarks on the form of a paper, having reference to the want of faith in drugs, which seemed to be possessed by many physicians. He favored conventions to specially endeavor to eradicate this state of medical infidelity.

Dr. F. W. Campbell read a brief report of a case of Duodenal Ulcer, diagnosed during life, and exhibited a colored drawing of the pathological specimen. We will shortly publish the details of this case.

Dr. Botsford moved the following resolutions, seconded by Dr. F. W. Campbell:

Whereas it is important to ascertain the influence of weather upon health; whereas weekly reports from different sections of the Dominion are necessary; and whereas there are already meteorological observations collected; and whereas the printing of the cases by the Government, and their free transmission through the post, will greatly facilitate the accomplishment of this Hygienic Measure;

Therefore be it resolved, that the President, Dr. Robilliard and Dr. Oldright be a committee to bring this subject before the notice of the Dominion Government.

The above resolution was carried.

Dr. Hingston, of Montreal, read a most instructive paper on "Lithotripsy." He alluded to the improvements which had taken place in the operation during a comparatively short time, mentioning the recommendation of Dr. Bigelow, of Boston, as to prolonged *séances*. He gave his own experience of the operation, and trusted that in the majority of cases this operation would supersede lithotomy.

The Society then adjourned to visit the Lunatic Asylum, whither they were conveyed by the horse-cars and in carriages. The members

were received by Dr. Bucke, its Medical Superintendent, and his two assistants, Dr. N. H. Beemer and Dr. Burgess. Divided into numerous sections, the grounds and various buildings were visited, and we but echo the universal opinion expressed that a better kept asylum and more beautiful grounds it would be difficult, if not impossible, to find. The task of inspection completed, the Association was invited to enter the large dining hall, where an elegant lunch was spread, provided by the liberality of the Ontario Government, the hall itself being decorated with flags, &c. It need hardly be said, ample justice was done by those present. The wine was excellent, and praises were heard on all hands at the liberality of the Superintendent and the Government in supplying such a noble repast. The lunch being over, the glasses were loaded and the usual patriotic toasts were proposed by Dr. Bucke and enthusiastically received.

Dr. Grant then proposed the toast of the Ontario Government, coupled with the names of Dr. Bucke and his assistants. He said it could only be a source of satisfaction to those medical gentlemen present that they had been honored by the noble repast to which they had been invited, and which had been given by the liberality of the Government of Ontario. It must also be gratifying to them to notice the liberality of the Government in providing for those wretched persons who were afflicted with the most terrible of all afflictions, insanity. He believed that there was no other Government in America or Europe who had to-day such excellent and liberal accommodation for the insane as the Ontario Government. The toast was enthusiastically drunk.

Dr. David proposed the health of "Our American Cousins who had honored them with their presence at the meeting of the Association," which was received with applause.

Dr. Brodie, of Detroit, made a humorous reply, thanking them for the very hearty manner in which they had received the toast.

Dr. Brodie, in enlogistic terms, proposed the toast of "The London Insane Asylum, Dr. Bucke, the Superintendent, and his Assistants," which was received with loud applause.

Dr. Bucke, who was received with loud applause, returned thanks on behalf of the Ontario Government, himself and his colleagues for the

hearty manner in which the toast had been drunk. He said the Ontario Government were always willing and anxious to treat hospitably such an influential and worthy body as the Canada Medical Association, an Association, the members of which were so deeply interested in the treatment of insanity. He might say that the Ontario Government had now two thousand five hundred beds for insane patients in their different asylums, but there were at the present time some four hundred of them unoccupied, whilst there was no State in the Union or in Europe who had a sufficiency of accommodation for their insane. This, he thought, reflected great credit on the Government for its liberality in the treatment of its insane.

The members were then conveyed back to the Victoria Hall, and the session of the Association resumed.

Dr. Carroll, of British Columbia, said he extremely regretted that a member of the profession had not been appointed Vice-President for the Provinces of Manitoba and British Columbia. He thought this would unite the profession of the Dominion in one harmonious whole.

Dr. David, Secretary, replied that several years ago three gentlemen had been elected for these Provinces, but he had never received any communication in reply to his official letter informing them of their election. Since that no Vice-Presidents for these Provinces had ever been elected.

Dr. Carroll said he was not aware that any one had ever been elected. He was still of the opinion that their appointment would be advantageous.

Dr. Fulton read a paper on "Departed Brethren" during the last year, which was much appreciated by the members present.

Dr. Tye read an explicit and concise paper upon the "Treatment of Hemorrhage by Topical Application," in which he advanced the use of injections of hot water in preference to perchloride of iron, which in his hands had been followed by uncomfortable results.

Dr. George Ross, of Montreal, read an interesting report of a case of dilatation of the stomach, which had been treated by him by means of the stomach pump at the Montreal Hospital. The statement of the case appeared some few months ago in the *Record*, the paper

having been read before the Medico-Chirurgical Society of Montreal.

Dr. Roddick, of Montreal, read a short paper on "Meningocele," giving the details of a case treated by ligature, which for a time promised favorable results, but eventually terminating fatally.

The President read a letter from Dr. Reeves, of Toronto, who was to have read a paper on "Ophthalmic Memoranda," but was unable to be present owing to an accident.

Dr. Osler, of Montreal, announced that, owing to the lateness of the hour and the near approach of darkness, he was unable to give his demonstration on Chemical Methods of estimating Corpuscles and Hæmoglobin Blood. He would, however, have much pleasure in giving the demonstration at the Ottawa meeting. This announcement was received with expressions of regret by the Association.

Dr. Hanson, Hyde Park, delivered an address upon his observations of diseases and the treatment of disease for the past thirty-four years, which proved highly interesting.

It was moved, seconded and carried that the general Secretary and Treasurer's expenses be paid by the Association, and that the cordial thanks of the Association be given to the gentlemen for the indefatigable and efficient manner in which they had discharged their duties.

A vote of thanks was also passed to the G.W.R. and G.T.R. and other railways for having given reduced fares to the members of the Association.

It was moved by Dr. Billington, of Strathroy, seconded by Dr. Lansing, and unanimously carried, that the cordial thanks of this Association be given to Dr. Bucke for his courteous and cordial hospitality.

Dr. Bucke, London, brought up the question of the publication of the proceedings of the Association.

Dr. Osler, Montreal, said he could not again undertake the publication of the proceedings by subscription, but would like to see some method of obtaining an annual publication of the proceedings.

The Secretary also introduced the subject of collecting the arrears of subscription from members. A discussion ensued, a great diver-

sity of opinion being expressed as to the best means of collecting arrears.

Upon motion of Dr. Hingston, seconded by Dr. Bucke, a committee, consisting of Drs. Mull, Osler and Sloane, was appointed to consider the best means of collecting arrears, and the other financial matters in connection with the Association.

Dr. Bucke having taken the chair, Dr. Hingston moved that the thanks of the Association be accorded Dr. MacDonald for the admirable manner in which he had filled the office of President of the Association. The motion was unanimously carried amidst applause.

Dr. MacDonald replied, thanking the Association for the exceedingly kind manner in which the motion had been received and carried.

There being no other business, the Association adjourned, to meet in Ottawa on the first Wednesday in September, 1880.

THE BANQUET, THURSDAY EVENING, SEPT. 11.

For the following description of the banquet we are indebted to the London *Daily Advertiser* of the 12th September. That journal says:—

The Tecumseh House last evening was the scene of a festive board, around which were gathered the members of the Canada Medical Association, together with a large number of their friends and citizens. The medical profession of the city, having resolved to celebrate the occasion of the Association holding their annual convention in this city in some appropriate manner, determined to invite them to a grand complimentary banquet. The result of this generous hospitality was that about one hundred sat down to a most sumptuous repast, which was served up in the style which has rendered the catering of Messrs. Conkling & Moore, the popular proprietors of the Tecumseh, famous throughout the Dominion and Eastern States. The banquet was held in the large dining-room of the hotel, which is admirably suited to such occasions as these. At the south end of the large hall an arcade had been erected, where the splendid band of the 7th Battalion were stationed, and made the hall resound with the choice selections which they executed, and which were much praised during the evening.

The chair was occupied by Dr. Bucke, and the vice-chairs were taken by Dr. Fraser and

Dr. Payne. Amongst those present were Dr. Murphy, of Chatham; Dr. Smith, of Komoka; Dr. Fraser, of Stratford; Dr. Bucke, Dr. Burgess, Dr. C. S. Moore, Dr. Dunlop, of Springfield, Ohio; Dr. Brodie, Delegate from American Medical Society; Dr. Noyes, Detroit; Dr. Goodwillie, New York; Dr. Botsford, St. John's, New Brunswick; H. Cutchen, American Consul at London; Dr. Dunfield, Petrolia; Dr. Brett, Arkona; Dr. Burkhardt, Thamesford; Dr. McLellan, London; Dr. Stewart, Brucefield; Dr. Burritt, Peterborough; Dr. F. W. Campbell, Montreal; Dr. H. Wright, Ottawa; Dr. Ross, Montreal; Dr. Stevenson, Strathroy; Dr. Osler, Montreal; Dr. Stark, Hamilton; Dr. Stevenson, Dr. Walker, Dundas; Dr. Tye, Thamesville; Drs. Mullin and Case, Hamilton; Dr. Hanson, Hyde Park; Dr. Newall, Wyoming; Dr. Moore, Tilsonburg; Dr. St. Clair, Paris; Dr. Chamberlain, Leamington; Dr. Harrison, Selkirk; Drs. Eccles and Nelles, London; Dr. Arnett, Arva; Dr. Burgess, London; Drs. Fergusson and McKay, Woodstock; Dr. Hings-ton, Montreal; Dr. Robillard, Montreal; Dr. McDonald, Hamilton; Dr. David, Montreal; Dr. Holmes, Chatham; Dr. Lloyd, London; Dr. Wilkinson, Oxford, Mich; Dr. J. E. Edwards, Brecon; Dr. McGrigan, Dr. Edward; Dr. Park, Amherstburg; Dr. Billington, Strathroy; Dr. Jones, London; Dr. Wishart, London; Dr. Waugh, London; Dr. Wilkinson, City Hospital; Dr. Mitchell, London; Dr. Cattermole, junior; Dr. James, Burgersville; Dr. Buller, Montreal; Dr. Gardiner, Montreal; Dr. Sloan, Blythe; Dr. Scott, Woodstock; Dr. Grant, Ottawa; Dr. Williams, Ingersoll; Dr. Phelan, London; Dr. Roddick, Montreal, and others.

Dinner being over Dr. Bucke rose and proposed the health of "The Queen," the "Prince and Princess of Wales and the Royal Family," which were drank standing, the band playing the National Anthem and "God Bless the Prince of Wales."

The Chairman gave the toast of the "Governor-General and Princess Louise," which was also drank standing, the band accompanying with the "Campbells are Coming."

"The President of the United States" was also enthusiastically drank, the band accompanying with "Yankee Doodle." The toast

was responded to by Mr. H. Cutchen, the U. S. Consul here, in a brief speech, thanking those present heartily for the manner in which they had drank the toast.

Dr. Noyes, of Detroit, also responded.

"The Legislature of Canada" was the next toast, coupled with the name of Dr. Grant, and this was received with the Canadian Anthem, and responded to by Dr. Grant, who said it afforded him great pleasure to respond to the toast of the Legislature of Canada, of which he had once been a member. He was proud to say that to-day there was a very large proportion of the members of the medical profession in the House. The reason of this was probably that they were perhaps better acquainted with the soft places in the hearts of women than any other profession. Their success would then be understood, as the women really wielded the great power in this country. He thought that there was a grand future before the younger members of the profession in Manitoba and the North-west which would make thirteen provinces of the size of Ontario. He was certain that they had been most hospitably entertained by their brothers in the profession in London, which city also had a great future before it, and which he had no hesitation in calling a land flowing with milk and honey.

The toast list was then taken up by Dr. Fraser, 1st Vice-Chair.

"Our Medical Schools" was well received, and was suitably responded to by Dr. Ross, Dr. Osler, Dr. Roddick, of McGill College, Montreal; Dr. F. W. Campbell, of Bishop's College, and others.

The Vice-Chairman then gave the toast of "The American Medical Profession," and in doing so said he was extremely happy to see so many of their American brethren present, and hoped that next year they would have still more. He coupled with the toast the names of Dr. Brodie, Dr. Dunlop, Dr. Goodwillie and Dr. Noyes.

Dr. Brodie, in replying, said the American medical profession were much indebted to the Canadian and British Schools for a great portion of their knowledge and learning. He was extremely happy to meet them all, and hoped he would be spared to again meet them. After

congratulating the profession for the excellent schools which they had in Canada, which, if anything, excelled any similar institutions in the States, and thanking them for the kind manner in which they had received the toast, he resumed his seat.

Dr. Dunlap, Dr. Noyes, and Dr. Goodwillie also responded, the latter gentleman saying that if he required to be killed with kindness he should come to Canada.

"The Canada Medical Press," "Our Guests," and "The Ladies" were also given, and suitably responded to, and the company broke up at a seasonable hour, thoroughly pleased with their evening's entertainment.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, Aug. 22nd, 1879.

A regular meeting of the Society was held this evening.

There were present, Drs. Henry Howard (President), Ross, Kennedy, McConnell, Armstrong, Munro, Smith, Loverin, Molson, Osler, Ritchie, Blackader, Proudfoot, Finnie, Roddick, and Edwards.

The minutes of last meeting were read and approved.

Dr. OSLER exhibited as specimens:—

1st. Mitral stenosis, embolism of the right cerebral artery.

2nd. Heart and bony sclerotic of a sword-fish.

Dr. FINNIE read a paper on "Notes of a Case of Chronic Ulcer of the Stomach." J. L., æt. 53, had been under observation for six years. He suffered from what was supposed to be chronic dyspepsia; complained of pains in the back and over the stomach. Had frequent attacks of diarrhœa, but never any vomiting. On a recent date, in stooping over, was seized with a sudden pain and felt faint. He was seen that evening by Dr. Finnie, who ordered 1 gr. of opium every two hours and hot applications to the stomach. Next day when seen was easier; towards evening, however, symptoms of collapse came on, and death took place 26 hours after attack set in. Post-mortem examination evinced extensive peritonitis and an ulcer at the pyloric end of the stomach. All other organs were normal. The patient during life did not complain of the symptoms of ulcer in

the stomach; never had any coffee ground vomiting, no pain after eating. The pain that was present was diffuse, and there was at times an entire absence of it. In 1857 this patient had an attack of inflammation of the bowels.

Remarks on this case were made by Drs. KENNEDY, ROSS and BLACKADER, after which a vote of thanks to Dr. Finnie was moved by Dr. Ross, seconded by Dr. Kennedy, and carried.

OLIVER C. EDWARDS, M.D.,
Secretary.

BRUISES—CHLORINE WATER.

Dr. S. A. Oren writes: A case of bruise causing discoloration of the skin (black eye) came under my care. I used a cloth saturated with *chlorine water* on the bruised part as an experiment, depending upon its power as a bleaching agent to bleach the part. I kept the eye closed and greased the edges of the lids so as to prevent contact and irritation of the eye. The discoloration was all gone in five days. I had seen the same party with the same trouble on several prior occasions, and the part was always discolored not less than two weeks.—*Med. Brief.*

ICE CREAM AND BEEF JUICE.

As an excellent dietary article, this is praised by Dr. J. J. Tucker, in the *Chicago Journal*. His formula is:

R. Cream.....	120 grams
Sugar	30 "
Extract of Vanilla....	8 "
Beef juice.	8 "

Any confectioner can make it, or it may readily be prepared at home with a freezer. Its uses are obvious.

TREATMENT FOR CHILBLAINS.

A good wash for the hands or feet affected with chilblains is:

Sulphurous acid.....	3 drachms.
Glycerine.....	1 drachm.
Water.....	1 drachm.

This acid is particularly useful in the irritating, tormenting stage of chilblains.—*Lancet.*

DEATH.

In Montreal, on the 17th Sept., Rossanna E. Mullins, wife of J. L. Leprohon, M.D., Professor of Hygiene, University of Bishops College.

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CONTENTS.

PAGE.	PAGE.	PAGE.
ORIGINAL COMMUNICATIONS.		
Registration of the Condition of Health, by J. H. Burns, M.D., Toronto, 1—Over-Study in Young Ladies' Schools and Convents, by James Perrigo, M.D., M.R.C.S., Eng., 4—Cases in Practice, by Carr Holstock Roberts, L.R.C.P. Lond., M.R.C.S. Eng., L.S.A., M.B., M.A.	5	tation, 6—Phosphorus in the Treatment of Chronic Alcoholism, 7—The Management of Acute Catarrh of the Middle Ear, 7—Acute Meningitis Treated by Doses of Iodide of Potassium, 8—Treatment of Epilepsy, 8—Chronic Suppurative Inflammation of the Middle Ear, a Lecture by O. D. Pomroy, M.D., New York, 9—Advances in Pharmacy, 12—Lecture, Syphilitic Sore Throat, 13—Tartar: Emetic in Rigid Os Uteri, 17
PROGRESS OF MEDICAL SCIENCE		
Defibrinated Blood for Rectal Alimen-		—Bromhydric Acid in Tinnitus Aurium from Quinine, &c.....17
		EDITORIAL.
		The Canada Medical Association, 18—Unus E Pluribus, 19—The Montreal Medical Schools, 19—Personal, 19—Reviews, 19—College of Physicians and Surgeons, Province of Quebec, 20—Medico-Chirurgical Society of Montreal, 22—Medical Items, 23—Birth, 23—Death.....23

Original Communications.

REGISTRATION OF THE CONDITION OF HEALTH.

By J. H. BURNS, M.D., TORONTO.

(Read before the Canada Medical Association, at its Meeting in London, September 10th, 1879.)

MR. PRESIDENT AND GENTLEMEN,—It is proposed to make a few remarks upon registration generally, but specially to point out some of the advantages to be gained by the registration of the state of health or the prevalence of disease.

At the present time accurate statistics are so little valued, that our method of obtaining them is far in the rear of that of most civilized countries, and it is only very recently that the public has begun to recognize the benefits of a complete system of registration.

Owing to the fact that little profit has hitherto been derived from statistics as returned, many have been slow to acknowledge the utility of spending time and money in this direction, and we may attribute the laxity with which the prescribed legal regulations are at present enforced, to the want of an intelligent appreciation of benefits to be derived therefrom. It is still too often thought that, being merely to gratify the curiosity of a few, it can be in a great measure dispensed with, and I regret that in Canada the subject has become somewhat

of a bugbear to those imperfectly acquainted with its importance.

Now as regards the registration of mortality it may be safely said that there is not one single place in Canada where the law is by any means satisfactorily carried out, for not only is there a confusion as to immediate cause of death, but the law itself is defective in its requirements, as the true object of registration should be to ascertain accurately the conditions attendant on death, with as full information as can be procured. For instance it is not enough to record such facts only as the Ontario Government now requires, viz., age, nativity, sex, disease, and date of death; but the return should state whether the disease was inherited or contracted, if the result of an epidemic or merely an isolated case, and whether the surroundings were disease producing, or not. If in consequence of an epidemic, whether it was the first fatality; some account also of the epidemic should be required, stating whether it was more or less than usually prevalent or fatal, and above all whether predisposition existed. Professor Kedzie of Lansing says: "The first and indispensable quality of all statistics is accuracy, and if the records upon which the vital statistics are founded are notoriously imperfect and inaccurate the deduction drawn from such records will be proportionately unreliable, if not actually misleading—the general cause of this inaccuracy being the present mode of collecting the returns of births, marriages, and deaths." Now, in order that the desired result should be attained, information should be gathered

from the parents, relatives or friends, who should fill up the part of certificate relating to sex, age, nativity, habits, &c., and then duly signing it hand it to the physician to add his information, and ultimately pass it on to the registrar for a permit to bury. By accurately filling out this form in all its details, and combining the results with those obtained by a system of registration of the state of health which I wish to advocate, it would be a comparatively easy task to obtain what is now quite impossible, viz., the proportion which may be found to exist at any given time between the sickness and the death rate.

Time would not permit my going over this vast field of research fully, therefore I shall merely glance at a few points, and draw your attention to the advisability of carefully collecting health records, and comparing them with meteorological notes for a corresponding period, so as to endeavor to prove what is daily observed, viz., the great effect the weather in its changes has upon health.

The attention of the profession in Toronto has lately been called to this subject by Mr. Monk, of the Meteorological service, by a paper entitled "The Influence of Weather on Health," which he read at one of the late meetings of the Medical Society there. He urged the desirability of obtaining data regarding the prevalence of disease, and strongly advocated the necessity of physicians keeping a weekly record of all cases coming under their notice, so that it might be compared with the weather returns.

In the paper referred to, and also by diagrams Mr. Monk had prepared, attention was drawn to the remarkable relation existing between the changes of the weather and the changes of the death rate, and although all present will acknowledge the influence of the weather on health, they will equally concede their want of information concerning their exact connection.

On the conclusion of the paper, a scheme for the registration of health returns was proposed and cordially endorsed by the Society, and the willingness shewn by members of the profession to carry it out is a proof that the subject is thought by them to be well worthy of investigation.

It has been borne in mind that, in order to make the system as successful as possible, its requirements must demand but little time and

thought from active practitioners, for if the law enforces a strict regulation necessitating such returns (especially without remuneration), unless a true interest be displayed, we fear a good result might never be obtained.

In the case of complete and satisfactory returns there would be no difficulty in publishing a topographical disease chart, which would be of great utility and interest.

Observations for a few years would prove of great service in enabling us to class diseases according as they are influenced by the weather. For example, if the courses of certain diseases during the year are represented by diagrams, we shall find that different kinds of diseases prevail much more extensively under certain atmospheric conditions, or during particular portions of the year. At a casual glance it may seem impossible ever to be able to counteract the influence of the weather, but with a knowledge of coming events, such as the published probabilities afford us, we shall possess many great advantages.

As the changes of weather progress from westward to eastward, so also it may be found that epidemics which are at all influenced by the weather may travel in the same way, and if the proposed system of health registration becomes as universally adopted as is the recording of the weather, we may be able to construct charts which will shew us at a glance the prevailing diseases at all points. Shall we not then be better prepared to guard against such diseases (especially those which become epidemic), and will not additional light thus be thrown on many questions? Upon this very subject Professor Kedzie, President of the Michigan State Board of Health, remarked as follows: "What relation do these reports of the medical and meteorological observers bear to each other? Is there any causal element in the meteorological conditions which produces effects in the sanitary conditions? We shall undoubtedly find that the curves of temperature have a marked control over certain diseases, that a sharp rise of temperature increases diseases of the digestive system, while a rapid fall of the temperature increases diseases of the respiratory system. Statistics from many lands would lead us to expect this in ours, but let us not be content with this meagre result, let us push on to see if other causal relations may not be discovered. What

influence has the presence or absence of atmospheric moisture on diseases of the respiratory, circulatory or nervous systems? Is there any relation between the presence or absence of atmospheric ozone and the prevalence or absence of any disease? Does the amount of cloudiness have any influence on diseases of the nervous system? Do the barometrical fluctuations have any effect on the circulatory and nervous systems? These are some of the questions I hope to see brought before us by the combined study of our meteorological reports and the weekly reports of prevailing diseases. I am not sanguine that the results will be at first inspection apparent, or that we shall reach any results without careful and prolonged study, even if we shall ever be able to satisfy ourselves on all these questions, but I am convinced that if the relations of these climatic conditions to the public health are ever determined, it will be by the combined study of meteorological conditions and the prevailing diseases, rather than by comparison of meteorological conditions with the mortuary records. A wider scope must be given to the study of vital statistics before results of the highest value are reached.*

It may be remarked also that a very large field of observation is afforded in the study of the effects of approaching electric atmospheric conditions, which will be of the very greatest importance, more especially to those engaged in the study of diseased mental phenomena.

The varying pressure of the atmosphere is one of the most important conditions to be taken into account, as the changes and their rapidity, or the existence for a lengthened period of a pressure much above or below the normal, will, no doubt, be found to predicate or co-exist with certain diseases. In extreme cases it is said that the change in atmospheric pressure amounts to nearly one pound on every square inch of surface. According to Dalton, assuming that there are 2000 sq. inches on the outer surface of the body and about 1,460 sq. feet of surface in the lungs, there would be a change of pressure amounting to about 100 tons upon the human system, consequently it appears that atmospheric pressure must be a very important factor in the influence of weather on health, as the amount of humidity, ozone, etc., appears to depend upon the varying conditions of temperature and pressure, and, except in a few instances, can hardly be said to have an independent effect upon health. Among other instances of the influence of the weather it is a well known fact that before yellow fever becomes epidemic the temperature must have attained or remained above a certain degree for a certain period; and in the last report of the Registrar General for Ontario it is shown that when the temperature in New York was

above the average of 80 degrees for the week the deaths from all causes increased enormously, more especially amongst children under 5 years of age.

In summing up some of the results to be derived from a discussion of health statistics, I will conclude a subject which I trust will be well considered by all present. These statistics will enable us

1st. To ascertain the influence of the weather on health.

2nd. To determine the proportion which may exist between the sickness-rate and the death-rate.

3rd. Having obtained a knowledge of the existence of an epidemic, to take precautions to prevent its spread and to mitigate its effects.

4th. To interchange this information with our neighbors to our mutual advantage; and

5th. To obtain better ideas regarding the origin and progress of disease generally.

For the data we must depend upon the medical profession, and an intelligent public must grant us its support and assistance, for, as Professor Tyndal asserts: "If anything is to be done in the way of any really great sanitary improvement, it must be from the people themselves," and it appears to be a fit subject for discussion as to whether the Government should take immediate action in this connection, or that for a time we should continue the system which has been proposed and which at present is being put in operation. A copy of the form used in reporting is appended.

Diseases in _____ during week ending Saturday _____ 18

	Number of Cases.	Severity*	Remarks.†
Asthma.....			
Brain, Inflammation of			
Bronchitis (Acute)			
" (Chronic).....			
Cerebro-Spinal Meningitis..			
Cholera Infantum			
Cholera Morbus.....			
Consumption, Pulmonary...			
Croup, Membranous.....			
Diphtheria			
Diarrhoea			
Dysentery			
Erysipelas			
Fever, Intermittent			
Fever, Remittent			
Fever, Enteric			
Influenza.....			
Laryngitis			
Measles			
Megrim.....			
Myalgia			
Neuralgia.....			
Pleurisy.....			
Pneumonia.....			
Puerperal Fever.....			
Pulmonary Hemorrhage ...			
Rheumatism			
Scarlatina			
Small-Pox			
Whooping-Cough			

*The severity of the disease should be noted, using the signs +, or -, according as the disease is about the same, or more, or less than usually severe.

†In this column, any notes regarding special cases, or remarks on the sanitary conditions, might be entered. The blank space is left for the mention of diseases not named in the list.

*State Board of Health, Mich., 1878, page 7.

OVER-STUDY IN YOUNG LADIES' SCHOOLS AND CONVENTS.

By JAMES PERRIGO, M.D., M.R.C.S., ENG.,

PROFESSOR OF MEDICAL JURISPRUDENCE, UNIVERSITY OF
BISHOP'S COLLEGE.

Neurasthenia and Womb-diseases, by Dr. Goodell, of Philadelphia, touches a subject that seems to have been apparently neglected by most observers. It will do good service, as it brings prominently before us the evil results of forcing learning into the heads of young girls regardless of all consequences. Every practitioner, no doubt, has met with a number of cases of disordered and difficult menstruation, attended with more or less anemia and neuralgia, the histories of which could be traced to over-study and too close confinement at school. Education in the nineteenth century apparently is not based upon Worcester's definition. He defines education as "that series of instruction and discipline which is intended to enlighten the understanding, correct the temper, and form the manners and habits of youth, and fit them for usefulness in their future stations." As the process is carried out in our schools and convents, it appears rather to consist of intellectual cramming, to get through as much work as possible in a given time, to force girls to learn accomplishments for which they have no inclination in a good many instances, to keep them tightly-laced, and give them a half-hour dead-march walk through the quiet streets of the town. Nothing human can change the requirements of nature, and, as Lord Bacon says, "she is often hidden, sometimes overcome, seldom extinguished." A persistence in the present manner in guiding the studies of our young girls will rapidly (if it has not already partially done so) give us a generation of sickly looking females. In visiting the New England States, and some of their large cities, we were rather surprised at seeing so many sickly looking females, all more or less shewing the appearance of anemia or chlorosis. In conversation with the medical men, they, one and all, stated that it originated from their system of forced education at boarding-schools, and they added that competitive examinations helped to increase the evil results.

In Canada, taking Montreal as an example, we have drifted considerably in the same direc-

tion, and the profession here should give warning. There is no use in denying the fact, as it has been amply proved in practice, a great many girls begin their invalid career at the age of puberty, from no other cause than that no allowance is made for the new strain upon the nervous system. Their studies are not only continued, but, at that age, additions to them are made, when they should be lightened or followed less vigorously. What is the result? Backache, flushing of the face with headache, loss of appetite, menstruation, which has been partially established, checked, and more or less hysteria. To give an example, we will detail the following case, which was under our care two years ago. Miss H., æt. sixteen, with puberty fairly established, as she had been menstruating regularly for some time, began to complain of headache and a sense of lassitude. This was when the session of her school was about three months advanced. It was easy to see overwork was the cause. She was at the head of her class, but had a strong competitor in another young lady who was always very close to her. The parents had a natural pride in the ability and success of their child, and they allowed no obstacle to be in the way of her keeping the first place in her class. Outdoor exercise and amusements in their opinion wasted precious time. They ridiculed the opinion when given to them that it was over-studying, and the anxiety connected with it, of keeping her place, and absolutely refused to give their daughter a rest from work. They stated they were of strong constitutions themselves, and that their daughter possessed the same, and that she was doing no more than what they did in their young days. To convince the mother of the difference of her studies in her youthful days and those of her daughter, the two were compared. Those of the mother consisted of the three R's, and the daughter had to plod through advanced arithmetic, algebra, Euclid, moral philosophy, literature, ancient and modern history, and French. In addition to this she was forced, an hour every day, to drum on the piano, much against her own inclination as she was not fond of music. Outdoor exercise consisted in the walk to and from school. Notwithstanding all this they peremptorily refused the much needed rest, and asked for a tonic, stating they thought that quite

sufficient. I may state, the winter before, this young girl's health nearly gave way from the same cause. Explaining to them a tonic would only be of partial benefit, one was given. The tonic consisted of phosphoric acid, pyrophosphate of iron and liq. strychnia. True enough the benefit from it was very small, and that little was only temporary. Fearing I did not know as much as I should about their daughter's case, they consulted some one else, and in about four months' time they had consulted four or five different medical men, one of them being a homœopath, and in every instance were given the same advice, which, of course, they did not follow. In the end they returned to me, wishing to know if it were advisable to take her to New York. The young lady's condition was worse; she still suffered from headaches, and her menstruation had become irregular, scanty and very painful. She dreaded the return of every period on account of the pain. Instead of being able to follow her studies at school, she was now half the time at home confined to the sofa. So much for the ambition and pride of her parents. Feeling now I was master of the situation, the advice about visiting New York was given, that it was wholly unnecessary, that all that was required was a little common sense on their part to follow out the instructions already given here. They consented at last, their daughter was taken from school, and change of occupation was effected by making her do some light house-work upon those days she was able. She was forced to go out and indulge in the amusements of her age. The same tonic was given to her and she rapidly improved. As soon as the summer months arrived she was sent to the country, from which she was not allowed to return until the autumn. She was then in perfect health. Her parents saw, at last, the wisdom of following the instructions given, and she was never allowed to over-apply herself to her studies again. As a result of this, they were not only surprised but gratified that she made as much progress and kept as good a position in her class as when she was jaded by over-work.

Parents and teachers should bear in mind the fact, that young girls at the time of puberty should not have too great a strain put upon their nervous system, that it is at this time all their strength should be husbanded for the develop-

ment that is taking place. A girl's future health is more or less stamped by the manner in which puberty has been established.

It is a pity the German practice is not in vogue here. There a young girl is sent to school until menstruation begins to appear, when she is kept at home and only allowed to study moderately under the guidance of a visiting governess, after which she returns to school, and care is taken, at each menstrual period, of allowing her a little more leisure time.

The experience of this prudence shows that time is not lost, but rather an advantage is gained. These German girls graduate from school well developed young ladies, and are much better able for the cares of future life than the majority of the same class on this side of the Atlantic.

CASES IN PRACTICE.

By CARR HOLSTOCK ROBERTS, L.R.C.P. Lond.,
M.R.C.S. Eng., L.S.A., M.B., M.A.

J. S., æt. 41, short, stout, healthy-looking man who said he had never had a day's illness in his life, called me up early one morning complaining of excruciating pain in the rectum, as if something was "sticking into" him some distance up the bowel. A digital examination, and one per speculum ani, failed to detect anything; but, as he insisted there was something there, a good dose of castor oil was ordered, and after that had operated, no relief being afforded, some warm water enemata were used, which had the effect of dislodging the substance and bringing it down so near that I was able to hook out with the finger (bending it in two whilst so doing) a splinter of wood the length of my forefinger, and sharply pointed at both ends: it was evidently a splinter from a sugar cask which had been swallowed. The patient remembered, about ten days previously, being nearly choked whilst drinking some coffee at breakfast, and fancied then that he had swallowed something. The marvel is that it should have passed through the many feet of convolutions of intestine to be arrested in its progress just in the only position where mechanical aid was able to afford relief. I remember many years ago being present at a post-mortem on a fine healthy young man who had for days suffered great agony from pain in the abdomen which

was always persistent at one spot, and which suddenly ceased, the patient exclaiming that he was quite well, but death supervened a few hours afterwards, and the post-mortem showed the cause to be perforation of the intestine caused by a bristle of a tooth brush, and which bristle was found sticking in the intestine.

A NEEDLE IN THE HEART.

"At a *post mortem* examination in a lunatic asylum in Saxony a needle was found sticking in the heart. It had passed through the posterior wall of the left ventricle. The patient, a man aged 25, had died of peritonitis; he had always felt well previous to his last illness, and never complained of any cardiac troubles. In what way the needle entered his heart remains unknown."

The above quoted from the *British Medical Journal* of 30th August, 1879, emboldens me to report the following case which occurred to me in my practice at South Kensington a few years ago, and the notes of which I came across a few days since. I should have reported it then, but, from its extraordinary nature and press of private practice as well, I did not do so. A. B., a young man of two or three and twenty, with an anxious, care-worn expression, a member of one of my clubs, consulted me for pains in the chest, and at times extreme difficulty of breathing. All remedies failed to give him relief; he consulted other medical men, and was an out patient at several hospitals without any beneficial result, and the only temporary alleviation of his sufferings that he ever obtained was by getting his friends to strike him violently with the clenched fist repeatedly between the shoulder blades, and he eventually died in great agony, his dying request being that I should open him. I did, and, to my great surprise, found a small stalk of the tobacco plant entangled in the chordæ tendinæ of the tricuspid valve!! A friend of mine, a chemist (unfortunately since dead), and the man's father and brother were present at the post-mortem, but all my entreaties to be allowed to retain possession of the heart were of no avail, although I offered to pay his funeral expenses on that condition. They were Irish, and, had it not been an express promise on his death bed, I should not have been allowed to make the post-mortem. As to how the twig of tobacco got there, beyond

the fact of his having been employed in a tobacco manufactory, I cannot attempt to offer any explanation, but truly "there are more things in heaven and earth than are dreamt of in our philosophy, Horatio."

4 Cambridge Terrace,

Westbourne Park.

9th September, 1879.

BUSINESS.

A gentleman recently about to pay his doctor's bill said, "Well doctor, as my little boy gave the measles to all my neighbors' children, and as they were attended by you, I think you can afford, at the very least, to deduct ten per cent. from the amount of my bill for the increase of business we gave you."

Progress of Medical Science.

DEFIBRINATED BLOOD FOR RECTAL ALIMENTATION.

At a late meeting of the Therapeutical Society of New York, Dr. Andrew H. Smith, Chairman of the Committee on Restoratives, presented a report (*New York Medical Journal*, April, 1879) on this subject. From the facts before them the committee felt warranted in drawing the following conclusions:—

1. That defibrinated blood is admirably adapted for use for rectal alimentation.
2. That in doses of two to six ounces it is usually retained without any inconvenience, and is frequently so completely absorbed that very little trace of it can be discovered in the dejections.
3. That administered in this way once or twice a day, it produces in about one-third of the cases for the first few days more or less constipation of the bowels.
4. That in a small proportion of cases the constipation persists, and even becomes more decided the longer the enemata are continued.
5. That in a small percentage of cases irritability of the bowels attends its protracted use.
6. That it is a valuable aid to the stomach whenever the latter is inadequate to a complete nutrition of the system.
7. That its use is indicated in all cases not involving the large intestine, and requiring a tonic influence which cannot readily be obtained by remedies employed in the usual way.
8. That in favorable cases it is capable of giving an impulse to nutrition which is rarely if ever obtained from the employment of other remedies.
9. That its use is wholly unattended by danger.—*Am. Jour. Med. Sci.*

PHOSPHORUS IN THE TREATMENT OF CHRONIC ALCOHOLISM.

The *Journal d'Hygiene*, of February 21, 1878, contains an article on this subject, taken from the *Gazette Medicale Italienne*. Dr. d'Ancona, the author of the paper, remarks in the outset that this mode of treatment is not new, but he thinks it has not received the attention which it deserves. He justly states that the rapid increase of troubles, due to the excessive use of alcoholic liquors, and the great difficulty of treating such cases effectually, makes any remedy, which seems to render any service to such patients, worthy of careful study and investigation.

The etiology and symptomatology of chronic alcoholism are, alas, but too well known, and hence he deems it unnecessary to consider these points. He gives the details of five cases in which he has used phosphorus in the form of phosphide of zinc. We give a brief history of one of these cases. The treatment was commenced on the 20th of May, 1877, and continued without interruption till the 1st of October following. During this time, the patient took from one to ten centigrammes of the remedy a day. Eight grammes were taken in all. During the month of October, it was only given four days each week, in the dose of three centigrammes each day. There were no evil results produced; no loss of appetite, and no gastric disturbance; indeed, the general condition steadily improved.

He comes to the following conclusions at the end of his paper:

1. Phosphorus is a very useful remedy in the treatment of chronic alcoholism.
2. The medicine is perfectly tolerated in doses which no one has dared to give heretofore—ten centigrammes (nearly $1\frac{1}{2}$ grains) a day for many weeks.
3. The remedy gives to drinkers a feeling of comfort and strength, and furnishes the force necessary to carry on their organic functions, which they have been accustomed to get from alcoholic liquors.
4. The medicine seems also to have the properties of a prophylactic and an antidote, for it causes very beneficial changes in the system, even when the use of liquor has not been entirely stopped.

Dr. d'Ancona then gives a theory as to its *modus operandi* in three cases, and, in conclusion, begs that a fair and impartial trial be given the medicine, and that the results be published.

THE MANAGEMENT OF ACUTE CATARRH OF THE MIDDLE EAR.

In the *Louisville Medical News*, Dr. W. Cheatham says, on this subject: Never put a poultice over an eye or an ear. It is sometimes excusable in diseases of the former organ after

all hopes of vision are gone. They give relief at first, but usually leave the organs in a much worse condition than could have been expected from the primary trouble. They lead to the growth of polypi, and get the external auditory canal into such a soggy condition as to render the case almost, if not entirely, incurable. Many of you, no doubt, have seen earaches relieved by their application, but how many of you have also seen perforated drumheads that can never be healed, recurring polypi, occlusion of external auditory canal, deformity of auricle resulting from abscesses, and many other evils which could have been avoided by the proper treatment.

I place at the head of all treatment for acute inflammation of the middle ear local blood letting. One or several leeches should be applied to the tragus, leaving them there until they are filled; then the flow of blood should be encouraged for an hour or more, the number of leeches and the length of time of the after-bleeding to be controlled by the condition and age of the patient and the severity of the case. When it is impossible to get the leeches, wet cupping over the mastoid region is desirable. Next in efficacy to local depletion comes water as warm as can be borne, by means of a douche (not a syringe), or any other arrangement by which a steady flow of it into the aching organ may be acquired. A quart or more to be used in this manner, to be repeated every half hour or hour until relief is given.

If these remedies fail, do not try anodynes yet. They only mask the symptoms. If the drumhead is bulging, perform paracentesis. The operation is a very easy one. Any one capable of seeing a drumhead should be able to do it. Under good illumination pass the knife or needle used along the floor of the canal and just posterior to the handle of the malleus; in the infero-posterior quadrant of the membrane make your puncture. Sometimes pus will escape, other times blood or serum. After the puncture is made cause the patient to perform valsalva, or inflate with Politzer's bag, and blow out any fluid which may be retained there. Where there is any doubt in your mind as to the propriety of the operation because the case is not clear to you, give the patient the benefit of the doubt. With ordinary care you cannot possibly do harm, whereas by neglect irreparable injury may be done. Holes in drumheads made by knife or needle soon heal, very often before you wish; they are usually difficult to keep open.

After free vent is given the discharge anodynes may be used. Give them for their effect and not by the dose. Quiet the pain; give rest. This subject of rest was discussed very thoroughly in the last meeting of the New York County Medical Society. Drs. Agnew, Knapp, Roosa and others agreeing on the importance

of it, but not in the position of the patient during the rest. Give patient his or her choice; leave it to them entirely. Should the paracentesis close, repeat it as often as necessary. I have seen it done six or eight times in one ear with excellent result.

In all ear troubles, and especially in the one of which I am speaking, strict attention should be paid to the general condition of the patient. The skin should be kept active as far as possible to guard against cold. An hour's cold will undo many months' treatment.

ACUTE MENINGITIS TREATED BY DOSES OF IODIDE OF POTASSIUM.

M. Rodet records in the *Lyon Médicale*, 1878, No. 52, the case of a young girl, aged 19, suffering from very acute meningitis (fever, vomiting, delirium, sleeplessness, outeries, dilated pupils). The treatment was by antispasmodics and sedatives. At the end of two days her state was aggravated with loss of consciousness, obstinate constipation, and monoplegia of the right upper limb. Death seemed imminent. The use of antispasmodics was continued, and there was further prescribed a flying blister to the nape of the neck, and three grammes of iodide of potassium (equal to forty-six grains and a half), in twenty-four hours. The next morning there was a slight amelioration, especially in the intellectual condition; the same state of paralysis. A purgative enema produced abundant evacuation. The improvement made sensible progress; the paralysis began to diminish on the third day of the employment of the iodide of potassium; on the eighth day it had completely disappeared, and the patient was convalescent. The treatment was continued. The iodide was carried on the first day to as high a dose as four grammes, on the third day to five grammes, and continued at that dose up to the eighth day, and then progressively diminished. This case deserves attention in respect to the successful treatment of so severe an affection as acute meningitis. M. Rodet follows his report by mentioning a certain number of cases cured by iodide of potassium, and cites the opinion of Fonssagrives. He lays great stress on the largeness of the dose of iodide of potassium.—*Brit. Med. Jour.*

TREATMENT OF EPILEPSY.

Dr. A. Hughes Bennett, Physician to the Hospital for Epilepsy and Paralysis, Regent's Park, records (*British Med. Journal*, June 7, 1879) an analysis of the results of treatment of one hundred cases of epilepsy by the bromide of potassium or ammonium. The following he

finds a convenient and efficacious prescription: R. Potassii bromidi gr. xx; ammonii bromidi gr. x; spiritus ammon. aromat. 3ss; aquam ad 3j. Fiat haustus ter in die sumendus.

The first dose was taken before getting out of bed in the morning, the second in the middle of the day on an empty stomach, and the third the last thing at night. If, in the course of a fortnight, the attacks continue, the dose was increased week by week, till there was some obvious modification in their severity or frequency; and this has been, if required, gradually increased to from sixty to ninety grains, three times a day. In the event of the first or any subsequent dose proving efficacious in warding off the seizures, it was continued for about a couple of months; that is, assuming no really dangerous signs of poisoning presented themselves. The fact of the bromide rash or moderate constitutional weakness being developed was found of no great importance, if the attacks were in abeyance. At the end of from two to three months, according to circumstances, the dose was gradually diminished, till the smallest possible amount necessary to materially modify the paroxysms was found; and this, when ascertained, was, the health remaining good, continued for many months.

Of the hundred cases treated in this way, it may be stated in general terms that, with only one or two exceptions, the bromides have had the effect of materially modifying the frequency and severity of the epileptic seizures. At the same time, opportunity was not afforded in all of these to test the efficacy of the treatment for a sufficient length of time.

Not only do the bromides materially modify the frequency of epileptic attacks, but they often diminish the severity of those which occur. They also improve in many respects the general health, and persons who suffered from headache, nervousness, and other ailments, are often greatly relieved in these respects.

The administration of the drugs may arrest the seizures for many months, and the moment they are discontinued the attacks at once return, indicating that it is these agents which keep the paroxysms in abeyance, and that their action is not permanent.

What effects has a prolonged use of the bromides on the general health? Of the forty cases, which for a period of at least six months were continuously under the influence of these drugs, the following gives a general idea of the result:

In 62.5 per cent. of cases, the prolonged use of the bromides, sufficient to ward off or greatly modify the epileptic attacks, did not produce any physiological effects, or in any way influence the general health. In 35 per cent., some symptoms of bromism were produced; namely, in 25 per cent., there were weakness and languor of body, loss of appetite, and the

usual physical symptoms; in 20 per cent., there were depression of the mental faculties into dulness, apathy, tendency to sleep, and so on; and in 15 per cent., there were well-marked signs of the bromide rash. One patient died while taking large doses, but whether as a result of the remedy or of the disease it is very difficult to determine. As a rule, however, the symptoms of bromism were slight, and their effects very temporary, and rapidly disappeared on discontinuing the drug for a time.

It may be said in conclusion that, in the bromide of potassium, we possess a valuable agent for suppressing the most dangerous symptoms of one of the most terrible maladies to which human flesh is heir, and further experience may enable us, through its influence, to effect a complete cure of the disease itself.

CHRONIC SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR.

A LECTURE DELIVERED AT THE MANHATTAN EYE AND EAR HOSPITAL, IN THE CITY OF NEW YORK. By O. D. POMEROY, M.D.

(Reported for THE N. Y. MEDICAL RECORD.)

PART I.

CHRONIC SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR—ETIOLOGY—COLD—EXANTHEMATA—AND OTHER FEVERS—EXCESSIVE INFLAMMATION OF THE TYMPANUM—ROUGH HANDLING OF THE EAR—IMPACTED CERUMEN—INJECTIONS INTO THE TYMPANUM—NASAL DOUCHE—ACUTE PHARYNGITIS—PNEUMONIA—MODE OF INVASION—OTORRHOEA A MISNOMER—APPEARANCES UPON INSPECTION—CHARACTER AND QUANTITY OF THE DISCHARGE—APPEARANCE OF THE DRUM-MEMBRANE—PECULIAR PULSATION.

GENTLEMEN:—At our last meeting I spoke with reference to acute inflammation of the tympanum. There are a few points yet to be disposed of, but as I wish this evening to develop as thoroughly as possible the subject of chronic purulent inflammation of the tympanum, I will at once pass to the consideration of the causes of this affection.

ETIOLOGY.

In general terms, it may be stated that the causes of chronic suppurative inflammation of the tympanum are almost identical with those of acute inflammation of the tympanum. I will first speak of the effect produced by cold, on the ear, either directly or indirectly.

a. After taking cold there are a great variety of symptoms. The patient may have rheumatism, or fever, or pneumonia, or sore throat, etc. A sore throat is a very common result of taking cold. Sore throat will not produce

otitis necessarily. Anyone with inflammation of the upper pharyngeal space is liable to an attack of otitis, the inflammation travelling up the Eustachian tube, and involving the tympanum.

b. A draught of air upon the head or upon the ear. Under these circumstances the inflammation involves the tympanum by means of the meatus auditorius externus. Direct exposure of the ear to draughts of cold air, such as arise from sitting by an open window, or more especially in a railway car near an open window, listening at a key-hole, etc. It is well known that conjunctivitis is sometimes dependent upon a draught of cold air coming in immediate contact with the eye from the patient's looking through a key-hole. In the same manner inflammation of the ear may be produced by exposure to a draught of cold air while listening at a key-hole.

c. Cold water in the ear from bathing. This may operate as a cause in producing inflammation of the ear in a twofold manner. There is first the effect produced by the application of cold to the ear, and second the violence inflicted. For example, when a person dives, the concussion of the water upon the drum-membrane may inflict sufficient violence to cause its rupture. Or in surf bathing a breaker may strike the ear violently. In such a case we have the double influence of cold and violence in the production of inflammation. Water may also pass up the Eustachian tubes from being taken into the mouth in considerable quantity, which the patient often swallows.

Second.—*The exanthemata and other fevers.* The worst cases of otitis media, produced by the exanthematous fevers, occur in connection with scarlet fever, and in nearly every instance the ear trouble depends upon the sore throat which accompanies the disease. This form of otitis is frequently of a very grave nature. It is very likely to destroy a considerable portion of the drum-membrane, the ossicles may be removed by ulceration, and in other ways extensive damage may be done to the ear. Occasionally in scarlet fever the inflammation travels from the skin down the external meatus, and involves the ear from that direction; but these cases are quite infrequent.

In measles, as you all know, there is a disposition to the development of catarrhal inflammation of mucous membranes. Catarrhal conjunctivitis and naso-pharyngeal catarrh, often dependent on this disease, and the pharyngeal catarrh may travel up the Eustachian tube and produce otitis media in the same manner as in the sore throat associated with scarlet fever. The eruption of measles may also extend down the external auditory canal, and involve the tympanum externally.

The same observations may be made with reference to typhus, typhoid, and other fevers, but

as a rule the inflammation which is to produce otitis media is first developed in the throat. In *small-pox* the tympanum is somewhat more likely to become involved by way of the external auditory canal than in the exanthematous fevers.

Third.—Violence inflicted upon the meatus or upon the tympanic cavity.

a. Excessive inflation of the tympanum, which may even rupture the drum membrane. This is a somewhat infrequent cause. You have, however, frequently had opportunities to see how the drum membrane is reddened by inflation of the tympanic cavity. You have seen, as an occasional result of inflation, pain in the ear produced simply by the violence with which the air has been forced into the tympanum. Since Politzer's method came into use inflation of the tympanum has been somewhat overdone. I feel sure, if it does not excite inflammation, it is likely to stretch the drum membrane in such a manner as to cause it to lose its normal elasticity. Occasionally we see a drum membrane, in an ear that has been inflated excessively, which flaps to and fro like a loosely fastened sail. Rupture of the membrane, produced by excessive inflation, is not a serious accident, because the tendency existing in the membrane to heal is so strong that it is scarcely possible to prevent it from closing again directly.

b. Any rough handling of the ear, such as may result from improper efforts at removal of cerumen or foreign bodies. I have previously said considerable to you regarding the damage liable to be done by resorting to other means than the syringe in removing cerumen and foreign bodies from the ear.

Some of you have observed that when a given drum membrane is first examined, it may not be reddened, but after three or four examinations have been made, it has been discovered that a good degree of hyperemia has been developed. This has been brought about directly by violence inflicted in the management of the speculum, and otherwise handling the ear roughly. If you ever have had your own ears examined, you doubtless recollect how sensitive an organ the ear is, and how easily irritation sufficient to throw it into a state of pain and inflammation may be produced.

c. The presence of *impacted cerumen*. In a report which I made several years since of a number of cases of impacted cerumen, I directed attention to the fact that inflammation of the middle ear was caused not very infrequently by the presence of a plug of cerumen in the external auditory canal. The plug acts as a foreign body. The manner in which the violence is inflicted may be as follows: whenever the jaw moves the condyle presses against the meatus, and for the time being narrows its calibre. If, therefore, the canal is filled, or perhaps only partly filled, with hard cerumen, any pressure

will inflict violence upon the wall of the external auditory canal, on account of the presence of the hardened cerumen.

4. Injections into the Tympanum.

a. Accidental injections from the use of the nasal douche afford us an example under this head: whether the water is hot or cold, properly salted or not, and I was almost ready to say, whether properly injected or not, we are liable to have trouble. Certain it is that many of us here have caused acute inflammation of the tympanum by the use of the *nasal douche*, and we have probably used it in a reasonably careful manner. It is not always possible to prevent the patient from swallowing while the nasal douche is being used, and if he does swallow he is liable to have water thrown into the tympanum. Water introduced in that manner does not necessarily excite inflammation. Nothing can be more bland than quite warm water, containing not more than a drachm of salt to the pint, yet occasionally it will produce acute inflammation of the middle ear of considerable violence. Not long since I had a patient from the country, who said that the physicians in his village were using the nasal douche extensively in the treatment of catarrh, and it was pretty generally known among the people that those upon whom it was used were frequently deaf prior to the commencement of treatment. I use it much less frequently than formerly, and I suspect its general use is being abandoned.

b. Any injection used to relieve a catarrhal condition of the Eustachian tube and middle ear may, when not desired, pass into the tympanum. This has happened with the Eustachian catheter, and with my faucial catheter, and it is sometimes quite unavoidable. It is a very good rule to use such a small quantity of the solution, whatever it may be, that it is impossible to reach the tympanum in injecting it. I think I have the same prejudice against injecting the tympanic cavity that has been entertained with regard to injecting the cavity of the uterus. If the drum membrane is perforated, there may be no objection to injecting the tympanum, nay, it may be strongly recommended.

Fourth.—Any inflammation of the pharynx whatsoever is liable to travel up the Eustachian tubes, and thus give rise to inflammation of the middle ear.

Acute pharyngitis may be developed in a healthy person in consequence of exposure. It is especially liable to be developed in one who suffers from chronic naso-pharyngeal catarrh. As you are all aware, the tuberculous condition gives rise to sore-throat, and it is somewhat analogous to that condition which gives rise to chronic catarrh in general. In these cases the destruction of drum membrane is apt to be extensive.

Inflammation of the tympanum is sometimes developed in the course of a *pneumonia*. In this condition it depends upon the air being thrown violently into the cavity of a tympanum through the Eustachian tubes during the rapid respiration incident to the lung trouble.

MODE OF INVASION.

The mode of invasion of this affection is as follows: it begins where the acute inflammation ends. The tendency of acute inflammation of the tympanum is toward self-limitation and recovery. There is frequently a tendency to resolution. Thus, if there is a formation of mucus or pus in the tympanum, it does not necessarily follow that rupture of the drum membrane will occur. The membrane may be ruptured and heal again directly. If the rupture is small, or is of the form of a fissure, it is likely to heal at once. If it is large, and there is a considerable loss of tissue, it is not as likely to heal. The rapidity with which these ruptures heal, or whether they heal at all, is determined very largely by the condition of the patient. If he is in good general health, if there exists a strong tendency to tissue repair, he will recover from his acute attack completely; but if not, it will pass into the chronic suppurative form. In cases where the perforation is large, the entrance of atmospheric air from the meatus into the cavity of the tympanum has a tendency to perpetuate the disease. The function of the drum membrane is not too well understood, but one part, at least, is appreciated, namely, it protects the sensitive parts of the tympanic cavity from the influence of irritating agents which might enter through the external meatus. The delicate membrane lining the tympanum does not bear well the irritation incident to sudden changes in temperature of the atmosphere, and one of the functions of the drum membrane is to protect it from that source of irritation.

This affection is frequently called *otorrhœa*, and was spoken of by the older writers under that head. This is a misnomer, and should be abolished from the nomenclature of diseases of the ear. The *otorrhœa* is simply a symptom. There is always a discharge in this disease, although the patient will frequently deny its existence. There may be a discharge so small in quantity as not to be appreciated by the patient hence you should not regard his statement, but should examine the ears carefully. The discharge may be very slight and so glued to the drum membrane that you may be in doubt whether you are looking at the drum membrane or at the discharge covering it, as the latter may so nearly simulate the color of the membrane itself. If the discharge is large in quantity, you are not sure that it comes from the tympanic cavity, but in a large number of instances an excessive discharge comes in part, at least, from the cavity of the tympanum.

APPEARANCES UPON INSPECTION.

There is a profuse ropy mucous discharge. It may be purulent; it may be serous; it may be sanguinolent. Sometimes it will be flocculent, more especially if the patient has granulations or polypi, and probably depends upon the presence of epidermic scales and detached epithelium. The discharge is occasionally of a cheesy consistence, and then it is likely to become more or less agglutinated to the drum membrane, and requires to be wiped away with absorbent cotton after having been previously syringed. I think you will have observed that but few men in the institution are capable of cleansing an ear as thoroughly and neatly as it should be done. For diagnostic purposes it is of the greatest possible importance to cleanse the ear very carefully. I advise you to do this under sight aided by the forehead-mirror. Often if the discharge is not all removed, or a few epidermic scales are left, you will be prevented from making an exact examination of the part. When the ear has been properly prepared for examination you will find the membrane more or less reddened, always opaque, grayish in color, dermoid layer mostly or wholly removed by inflammation and maceration. If you will carefully remove the dermoid layer which has not been entirely detached, you will find beneath it a reddened surface which may be dependent, perhaps, partly upon the violence with which you have conducted your manipulations, but principally on the presence of a passive inflammation of the membrane. If the perforation is large, so that you can see the inner wall of the tympanum, it will almost always be found to be red, swollen and puffy, and will bleed easily. The opposite condition may be present; it will then be pale relaxed, swollen but little, and accompanied by a thin serous discharge. The latter are rather, bad cases to manage. The rupture in the drum membrane may be single, or there may be several openings. The perforation may be located before or behind the handle of the malleus, perhaps most frequently below the centre of the drum membrane. The membrane may be completely removed. Frequently we see the kidney shaped perforation with the handle of the malleus extending into the hilus of this opening.

Another point to which I wish to direct your attention, is the sickle-shaped edge of the drum membrane remaining. Supposing you are inspecting a reddened surface, and you are in doubt as to whether it is the drum membrane or the inner wall of the tympanum; you will look for a perforation, and by and by you will find a whitish sickle-shaped body at the periphery of the field. That is what remains of the drum membrane, and will enable you to make the diagnosis of perforation with little or no trouble.

In some cases you will see a pulsation in the ear in the vicinity of the drum membrane; this

is well-nigh diagnostic of perforation, and in probably not more than one in fifty cases will you be wrong. If perforation is not present the drum membrane is very thin. The symptom is explained in this manner: The vessels are very much swollen and the pulsation becomes visible by virtue of the excessively thin covering of membrane lying upon them.

It is worthy of remark that a small portion of the drum membrane almost always remains, and is the part above and about the short process of the malleus.

The ossicles are unfrequently removed. If any are absent it is likely to be the malleus, although the manubrium alone may be lost by necrosis. The stapes is the last bone to be removed, and its absence is rarely observed. You may be able to demonstrate the presence of the stapes by means of a probe which touches an immoveable bony elevation in the region of the oval window. Occasionally it can be seen as a rounded elevation, slightly above and behind the termination of the handle of the malleus; in other words exactly opposite the termination of the long shank of the incus. It is quite generally believed that destruction of the drum membrane and loss of the ossicles produces profound deafness, but I would state here that the drum membrane may be all swept away and the ossicles removed, certainly the malleus and the incus, without greatly impairing the hearing.

ADVANCES IN PHARMACY.

By WM. H. TAYLOR, M. D., Richmond, Va., Reporter to the State Medical Society.

In reviewing the progress of pharmacy during the past year, while we fail to perceive that any discovery or suggestion especially striking has been involved, still we find the workers in this department have exhibited their usual activity, and that our knowledge has been in a good degree thereby advanced. In the present report it is neither necessary nor admissible to aim at anything like a complete notice of what has been accomplished. Our object shall be rather to collocate such matters as are of interest to medical men, or such as are likely to concern those who practice pharmacy.

In accordance with this plan we submit the following, which appears to us to comprise matters worthy of attention:

Dilute Phosphoric Acid.—It has for some time been noticed that certain samples of dilute phosphoric acid are prone to give a precipitate when added to tincture of chloride of iron. This combination being a favorite one with physicians, so much annoyance has been occasioned to pharmacists in their efforts to form a clear mixture that

a good deal of study has been bestowed in the endeavor to determine the conditions of the precipitation. Mr. Louis Dohme and Prof. J. P. Remington especially have examined the matter. These gentlemen show that the trouble arises from the use of acid made with glacial phosphoric acid incompletely converted into the tribasic form. This contains pyrophosphoric acid and precipitates pyrophosphate of iron. The presence of a soda salt prevents the ready and complete conversion of the glacial into the tribasic acid, and Mr. Dohme finds from 14 to 15 per cent. of soda in the commercial article, and Prof. Remington finds in the handsomest specimen which he tested 27.43 per cent. soda. The latter gentleman learns that soda is added by manufacturers in order to make the product into a neat-looking, glassy solid, the pure acid being soft and glutinous. Dr. W. H. Pile, commenting on the processes of the U. S. Pharmacopœia for preparing dilute phosphoric acid, concludes that the second process (that in which the glacial acid is directed) should, for the foregoing reasons, be rejected; the first process (that in which phosphorus is directed), however, being, in his opinion, exceedingly annoying as well as dangerous to perform (from which opinion some other operators dissent), he recommends the method of Prof. Markoe, in which bromine is used with the nitric acid—and this, too, notwithstanding he was himself blown up in one of his earlier attempts at it. This method is generally considered to be safe, if properly managed, but slow. The surmise of Prof. Maisch, that the acid made by it might be contaminated with phosphate of ammonium, has been shown to be correct, though the quantity formed is very insignificant. All the investigations point to the conclusion that, for making dilute phosphoric acid, only the acid made from phosphorus should be employed. Mr. Dohme, moreover, calls attention to the existence of arsenic as an impurity in phosphorus. He has obtained 14 grains of sulphide of arsenic (equal to $11\frac{1}{2}$ grains of white arsenic) from 360 grains of phosphorus—the quantity used to make 20 fluid ounces of dilute phosphoric acid. He considers it requisite to pass sulphuretted hydrogen through the acid to saturation, to let it stand twenty-four hours, filter from sulphide of arsenic, and, having expelled the sulphuretted hydrogen by heat, to finally dilute to the proper specific gravity. He also thinks that the failure to produce a precipitate with tincture of chloride of iron should be named in the Pharmacopœia as one of the tests of the dilute acid.

Preservation of Infusions, etc.—Aug. Almen, by making use of the power of cotton to filter ferment-germs from air, has succeeded in preserving infusions, decoctions, syrups, etc., unchanged for many months. His method is to fill a bottle with the liquid to a point a little above the commencement of the neck and insert

a cork, through which passes a very narrow glass tube about two inches long and loosely packed with cotton. The bottle and contents thus arranged are kept for some time in a water-bath at the boiling temperature. In this way the original air is expelled from the bottle, which is allowed to cool in the bath, and the air thus slowly re-entering is purified by passing through the cotton. To permit the occasional withdrawal of portions of the contents without the introduction of unfiltered air, a siphon reaching nearly to the bottom of the bottle is passed through the cork, its outer end being closed by a piece of India rubber tube and clamp.

Preservation of Hypodermic Solutions of the Alkaloids.—M. Patrouillard, of Eure (France), proposes to use the distilled water of *spiraea ulmaria* (queen of the meadow) for making hypodermic solutions of the alkaloids. Solutions thus made, he finds, have no disposition to mouldiness, and, unlike solutions in which glycerine is employed as a preservative, are not apt to give rise to local irritation.

Rectified Spirit in place of Brandy and Whisky.—Dr. Adolph W. Miller makes a strong appeal in behalf of rectified spirit as a substitute for the expensive brandies and whiskies so generally prescribed. He bases his appeal on the ground of purity and economy, and observes that it has not been shown that the latter are therapeutically superior, or that their physiological action presents tangible points of difference. He considers it probable that when the system requires alcohol, it is as well satisfied with its cheap as with its expensive vehicles. Raw corn whisky, he thinks, is strictly pure, notwithstanding the populace is wont to belittle it by the bestowal of such opprobrious epithets as "Jersey lightning," "popskull," "bust-head," etc. Looking upon the difference in liquors as probably one of flavor simply, he does not esteem it judicious to use those of costly flavors, especially when we consider the possible sources whence these flavors may be derived, among which he mentions creasote, tar, tincture of Russia leather, artificial benzoic acid (obtained from the drainage of stables), cocoanut oil (having the odor of negro perspiration), and butyric acid and ether (procured by aid of decaying cheese and putrefying meat). Dr. Miller further calls attention to the fact that it is probably impossible to obtain in this country the official wines in a state of purity, and suggests in their stead the white and red wines of the Rhine, official in Germany.

Senna extracted by alcohol.—C. Lewis Diehl, of Louisville, and L. Siebold, of England, have independently recommended senna extracted by alcohol (which is already in use on the continent of Europe) as a purgative in place of the crude drug. Senna thus treated loses little, if any, of its efficacy, while it becomes almost en-

tirely deprived of its nauseous taste and odor, and of its griping qualities. Its active principle, cathartic acid, is in union with calcium or magnesium, forming compounds soluble in water, but insoluble in alcohol, and hence is not removed by this treatment. Mr. Groves, remarking on Mr. Siebold's statements, observed that he had prepared the pure cathartates themselves, and used them on himself and others; but, said he, "they are a nasty, griping purgative," of a character which precludes them from becoming favorites with the profession.

Preservation of Mucilage of Gum Arabic.—It is stated by Archer & Co., of Norfolk, Va., that mucilage of gum arabic may be preserved for a long time, if made with tolu water (prepared by triturating 3 ij of tincture of tolu with 3 iv of carbonate of magnesium, then with Oij of water and filtering). The slight odor and taste of tolu is considered to be unobjectionable, and the mucilage thus made is admissible for most of the purposes for which it is employed.

Antiseptic Properties of Hydrate of Chloral.—Mr. T. Roberts Baker, of Richmond, Va., with the co-operation of Dr. Isaiah H. White, late Demonstrator of Anatomy in the Medical College of Virginia, has made experiments in reference to the asserted antiseptic properties of hydrate of chloral. He concludes that this agent possesses powerful antiseptic properties, that it may be successfully used for the preservation of anatomical preparations, and that comparatively weak solutions will afford the most satisfactory results.

LECTURE.

SYPHILITIC SORE THROAT.

A LECTURE DELIVERED AT JEFFERSON MEDICAL COLLEGE.

By J. SOLIS COHEN, M.D.,

LECTURER ON LARYNGOSCOPY IN THE COLLEGE AND ON CLINICAL MEDICINE IN THE HOSPITAL.

By the expression syphilitic sore throat, reference is usually had to a secondary or tertiary manifestation of the disease, although it occurs occasionally as a primary affection. We find chancre on the lips, the tongue, the cheeks, the palate, the tonsils, occasionally on the posterior wall of the pharynx; and in one instance at least, a chancre has been reported as detected on the lingual surface of the epiglottis.

In some cases the disease has been inherited, but it is very often inoculated. This inoculation may even take place through the medium of a kiss or a bite, etc. I remember one case in particular, that of a female opera singer, who had an enemy in the troupe. This enemy was

affected with syphilis and had her revenge in kissing my patient upon her lip, which was chapped, and thus gave her the disease, and she died sometime afterwards from cerebral syphilis and paralysis.

Occasionally the disease is communicated by the use of spoons or tumblers which have been touched to syphilitic sores on the lips, or in the mouth. Now and then we hear of a case of inoculation in the process of glass blowing; for if one of the glass blowers happens to have a syphilitic sore on his lips, the disease may very readily be carried by the mouthpiece to another workman who happens to have a fissure on one of his lips. In the same way the disease may be transmitted through the medium of a tobacco pipe. I have heard of cases in which it was carried from person to person through the medium of a cigar. Some cigarmakers, in fastening the end of the leaf, are accustomed to moisten it with saliva. Now, if one of these individuals has syphilitic sore in his mouth, it is very easy to see how the poison might be conveyed. In still other cases, infection has been accomplished through the medium of the mouthpiece of a trumpet. I have seen cases where the same result was accomplished by the incautious use of the Eustachian catheter. The passage of this instrument is very likely to produce an abrasion, even though none exists already; and if the catheter employed has been previously passed into the Eustachian tube of a syphilitic patient, it is exceedingly likely to carry off some of the poison on its surface. It is for this reason that you should all be very careful in the promiscuous employment of such instruments, or rather, if possible, you should never use an instrument which has touched a syphilitic surface a second time. If you cannot afford to buy new instruments, you should, at least, thoroughly clean the old ones, and then dip them in alcohol and then burn off the alcohol, or else immerse them in a ten per cent. solution of carbolic acid and allow them to remain immersed for several hours.

In using the laryngoscopic mirror you have to heat it before introducing it, as you know. Now, some teachers tell you to test the heat of the glass on your cheek, but I say, never touch it to the cheek, for you might thus inoculate yourself with specific disease if your patient happened to have a sore on any of the mucous surfaces of the mouth, and there happened to be the merest scratch on your own cheek. If you are obliged to test its warmth, do so on the back of your hand, or at least be careful to touch the mirror to some unabrased surface.

The distinction between secondary and tertiary sore throat of syphilitic origin is not so well made out as is the distinction between the same stages of the disease as they affect other parts of the body. However, you may accept this statement as valuable in point of diagnosis.

If the sore throat appears a few weeks or a few months after infection it is of secondary grade, if not for several years, it is tertiary. The element of time is of great importance, since the characteristic appearances of secondary and tertiary syphilitic sore throat are much alike.

I do not think that I know of anything which more resembles the appearance of a syphilitic disease in the throat, than that of an eruption on the skin which has been poulticed, *i. e.*, the manifestations of the disease in the throat are very similar to its appearances elsewhere, the difference of moisture and character of epithelium being taken into consideration.

We know that the throat is often affected with syphilitic disease, but we do not know why it is so affected. Infants as well as adults are affected with syphilitic sore throat. The throat has great proclivity to disease of various kinds. It is greatly exposed to vicissitudes of atmosphere, being continuously used in breathing, and at very frequent intervals, in swallowing. If there is no special reason for the origin of syphilitic sore throat, we, at least, say that the conditions which cause catarrh to settle in the throat locate syphilis there also.

Coming to a consideration of the symptoms of secondary syphilitic sore throat, we find that it first manifests itself by an erythematous congestion of the parts; a hyperæmia, usually most plainly marked on the soft palate. This does not differ in the least from the erythema of scarlet fever, except that the history is likely to be different, and that there is usually an attendant skin eruption in syphilis. There is no distinct line of demarcation to this syphilitic erythema, but it fades off imperceptibly into the healthy tissues around it.

One peculiarity this eruption of erythema does, however, possess, and that is a symmetrical appearance of the parts. The inflammation is not only bilateral, *i. e.*, not only involves both sides of the soft palate, but the separate patches are much of the same shape, the inflammation is not a diffuse inflammation. The reason of this is entirely anatomical. This virus of the disease is of course carried along in the blood current, and, therefore, lodges at parts of the palate where arteries ramify, and the ramification of these arteries is the same on both sides of the palate. This symmetry of the inflammatory action will very often clear up any doubt which we may entertain with regard to the nature of the case.

The inflammation, as I have just said, begins on the palate, and then it goes down on the anterior palatine folds, or, less frequently extends along the hard palate. Occasionally the disease starts on the posterior part of the palate, and so we have no evidence of its existence, unless we make a rhinoscopic examination. To do this you must pass a small looking glass (laryngoscopic or rhinoscopic mirror) behind the

palate and thus illuminate its posterior surface. This is one of the reasons why syphilitic sore throat may progress with such seeming rapidity in some cases. It begins posteriorly in the palate and so escapes notice entirely, until it is under very great headway.

After the erythema has existed for a longer, or shorter time, elevations appear at some points over the diseased surface. This is due to the glands of the mucous membrane being pushed forward, and the epithelium on the mucous membrane's external surface. This gives rise to the so-called "mucous patch," similar to the appearance caused by the application of nitrate of silver to the mucous membrane. This tumefaction is not always present, particularly if the epithelial cells are not distended with serum.

The "mucous patch" is very much like the so-called "milky patches of smokers." If you pull the cheek of an inveterate smoker to one side and examine the inside of it carefully, you will find an opalescence on the mucous membrane, which is produced by the smoke. If, therefore, in examining a case, you see a "patch" where it might be produced by smoke, you ought to be very slow in making your diagnosis.

After a while the tamed points on the mucous membrane give way, and becoming disorganized, form ulcers. You will very often, at this stage, find an ulcer at the root of the uvula. The patient loses control of the muscles of the palate owing to the infiltration of products between the bundles of fibres of the muscles. The voice acquires a peculiar tone—due to excess of air passing out through the nose—so that there is a nasal twang about it, as is the case when the palate is insufficient, or when its muscles are paralyzed.

Secondary syphilitic sore throat is very rarely located upon the pharyngeal mucous membrane. It may, however, affect the root of the tongue and the interior of the larynx. The syphilitic sore throat thus becomes a syphilitic laryngitis, and this is characterized by the same signs as an ordinary laryngitis, and has no peculiar symptoms. In such a case the history and the presence or absence of skin eruption is all we have to guide us.

Tertiary syphilitic sore throat usually appears some years after the primary affection, or else the sore throat incurred may run from the secondary into a tertiary stage. In such an instance as this we should have a mixture of secondary and tertiary manifestations. Tertiary syphilis rarely appears before the third year from the date of primary inoculation.

The tertiary form of syphilitic sore throat almost always manifests itself by gummatous deposits—syphilomata—masses of material of a regular ovoidal form, varying in size from that of a pin-head to that of a large pea. This mass

finally works itself up to the surface and ulcerates through it. The ulcer thus produced is the characteristic syphilitic ulcer, excavated or gnawed in appearance, of crescentic form and with sharp edges.

This grade of the disease also, as well as the secondary, starts up occasionally on the posterior part of the palate, and if it is not discovered and treated promptly, it may perforate the palate in from twenty-four to forty-eight hours. It occasionally requires the greatest amount of care to prevent perforation. This syphilitic ulcer has a tendency to extend either superficially or down into the deep fascia.

There are usually the same symptoms in tertiary as in secondary syphilitic sore throat, except that the tertiary variety is more apt to be unilateral. It sometimes follows a peculiar course and may proceed at once from the palate to the larynx, and destroy the epiglottis. The epiglottis may be destroyed without interfering with deglutition to any very great extent, for the stump which remains by the contraction of its muscles may form a sort of sphincter and so prevent the food from passing down the wind-pipe. Or, on the other hand, the disease may pass up into the posterior nares, and thence to the conjunctival membrane, and finally enter either the frontal or maxillary sinus and eat away submucous tissue, periosteum and bone itself. Again, it may affect the sphenoid and ethmoid cells and bring on meningitis or cerebritis. Or, still again it may commence in the pharynx, run up the Eustachian tube to the tympanum and so reach the brain. An abscess may form and discharge in the tympanum. There are instances upon record in which the disease has even gotten as far as the spine, producing caries and necrosis of the vertebræ and paralysis of the upper limbs.

Any and every part of the larynx may be affected. The mucous membrane, the submucous tissue, the nerves, the blood vessels, the chondrium, and the perichondrium. Sometimes the cartilages are affected primarily and undergo inflammation and suppuration, when abscesses are formed and break, either through the mucous membrane and so into the wind-pipe, or through the skin externally.

When the arytenoid cartilage is attacked it is often destroyed and discharged, leaving a sort of pocket behind. In like manner the cricoid cartilage may be surrounded and discharged. During the exfoliation of this cartilage, if the sequestrum is thrown out underneath the vocal cords, it is of course a foreign body and subjects the patient to all the dangers attending the presence of a foreign body below the glottis.

Again, tertiary syphilitic sore throat may reveal itself in oedema of the submucous tissues, producing difficulty of breathing if internal, and difficulty of swallowing if external, or the disease may affect the trachea and bring

on suffocation, by causing exfoliation of some of the rings.

There is still another condition when the infiltration occurs in the interior of the larynx and encroaches upon its calibre, producing stenosis, which may be permanent, thus necessitating the performance of tracheotomy, and the use of a tube for the rest of the patient's life.

A perforating ulcer may detach part of the uvula, or soft palate, and the two detached portions of flesh may meet and unite permanently, or there may be adherence of a detached piece of the palatine fascia to the tongue, thus causing stenosis of the pharynx; or the palate may be entirely glued to the pharynx, so that the patient is unable to breathe or blow through his nose, while his voice has a non-resonant or dead-like sound. When there is an adhesion between the palatine arches and the tongue, the diet must necessarily be confined entirely to fluids.

When we come to a consideration of the syphilitic sore throat of infants, we find it hard to discover how much of the condition is hereditary and how much due to primary infection.

As a general thing the disease is hereditary in infants, though they are sometimes infected by the syphilitic secretions of the vagina. Congenital syphilitic coryza is undoubtedly due occasionally to contact with syphilitic sores during delivery. Some authorities hold that the disease, when acquired by heredity, is always ushered in by running of a serous, purulent, and finally of sanguineous matters from the nose, which matters finally become dry and prevent the child from sucking at the breast, and render it cross and fretful.

It is a well-known fact that the disease may be contracted from syphilitic sores on the breast of a wet-nurse, while some hold that the milk of a syphilitic nurse is capable of carrying infection into the system of the baby.

The initial lesion in the infant is generally, as in the adult, a mucous patch, which may be found in the throat, or in the nasal passages, or the angles of the mouth. This mucous patch may leave behind it an indelible cicatrix. It was Trousseau who first explained the origin of these cicatrices as found in the adult at the angles of the mouth and nose.

Speaking of cicatrices, I ought to call your attention to the peculiar cicatrices which syphilitic disease in the throat leaves behind it. These cicatrices are very characteristic and are often valuable indices, when discovered in the course of laryngoscopic examination, of the existence of constitutional venereal disease. These cicatrices are stellate in shape and bluish in color when new, gradually shading into white with age.

In one case I found these stellate cicatrices in

the palate as results of an injury sustained from a pipe stem being driven against the palate and wounding it.

Scrofulous sore throat is generally hereditary. Perhaps the worst cases of syphilitic sore throat are where it is associated with the scrofulous diathesis inherited from the parents.

Syphilitic sores in the nose of infants often lead to perforation of the septum, the perforation being sometimes so large that the little finger can, with ease, be inserted through it.

The treatment of syphilis in the throat is the same as that for syphilis in any other part of the body, namely, mercurialization in the secondary stages, iodization in the tertiary. It is very important to keep the parts thoroughly cleansed. If there is local ulceration the parts should be syringed, or cleansed with a brush, or spray douche. The water used should contain some of the chlorate or permanganate of potassium, or some carbolic acid. For my part, unless ulceration has set in, I do not believe that any medication to the throat is necessary, and that the local disease will yield entirely to the constitutional treatment. Sometimes I employ a twenty grain to the ounce solution of nitrate of silver, or sulphate of copper. In making these applications be sure to cover the whole patch, so that the diseased tissue should be completely destroyed.

Where you wish to make a good local application, use instead of a camel's hair brush a broad or flat paint brush, so that one sweep of the brush will cover a space half an inch wide. In this way the whole diseased surface may be washed by one motion.

When you wish to use the lunar caustic itself locally, the best form is that in the shape of a lead pencil, which you sharpen just like any other pencil. In this way you can confine the application to the desired space without any danger of its touching healthy tissue. If you wish to apply this pencil to a lateral surface, as, for example, to the side of the palate all you have to do is to cut away the wood from the side of the pencil, so as to leave a small piece of the caustic exposed laterally. A stronger application still than silver is to be found in chromic acid.

In the treatment of the tertiary form of syphilitic sore throat, you should use the iodide of potassium, together with small doses of the bichloride of mercury, or its equivalent in some other preparation. When perforation is threatened, the iodide of potassium should be given in doses of from thirty to ninety grains, every three or six hours, for thirty-six hours, if necessary, or until a change for the better takes place. In this way you may cut the perforation short, and completely stop the phagadenic process.

In giving large doses of the iodide of potassium, you should always bear in mind that the drug may give rise to œdema of the larynx.

Therefore, make it a rule never to let three doses pass without seeing the patient and examining the larynx. Edema of the larynx has been caused in two cases in my own practice by large doses of the iodide.

As soon as the patient gets thoroughly under the influence of this medicine you may return to the ordinary dose. Sometimes you cannot prevent the occurrence of perforation, or it may have taken place before your arrival, and you find the uvula, perhaps, hanging to its base by only a thin shred of flesh. Or it may be that a portion of the palatine fold has been separated and is hanging suspended over the opening of the wind-pipe and oesophagus. In such cases, unless there is a great danger of its dropping, my rule is to let well alone.

Tell the patient of the exact state of affairs, and, if it gives rise to harassing cough, an assistant can clip it off with a pair of scissors. As soon as the system is thoroughly under the influence of the iodide of potassium the strong probability is that the separated parts will unite again. Indeed, I have often seen a hanging uvula unite again through its whole extent. No artificial instrument will take the place of the normal palate. A false palate only produces an approach to the normal voice.

It is a very singular pathological fact that a congenital cleft palate when operated upon, or an accidentally wounded palate will unite easily, whereas a perforated palate, the result of old syphilitic disease, will not be apt to unite after operation, unless the general disease is entirely banished from the system, and sometimes not even then, and, unfortunately, you never know when the system is free.

This brings us to a consideration of the question, as to how long the system should be kept under the influence of antisymphilitic remedies. I would continue the administration of these remedies until all evidences of the disease had ceased, and still keep them up for a couple of months longer, and then let small doses be taken every few weeks, and whenever the throat shows the slightest disposition to take on specific inflammatory action. When small doses of the iodide of potassium produce catarrh, and other prompt systemic evidence of its potency, you have a perfect right to infer that the specific disease has abated or left the system.

Some physicians hold that syphilis can never be eradicated from the system. You should always keep your patient under close observation for a number of months after he has ceased to take medicine.

In the treatment of syphilitic sore throat in infants, as in adults, mercury is indispensable. This drug should be given by the mouth or by inunction. Sir Benjamin Brodie recommended smearing mild mercurial ointment on the inside of the flannel shirt worn by infants.

In the coryza of syphilitic children the nose

should be frequently cleansed by means of a syringe. In using the syringe see that the infant's head is brought well in front of you and is held downwards, so that none of the purulent matters from the nose are swallowed, and so brought in contact with the mucous membrane of the pharynx and epiglottis.—*New York Hospital Gazette*, August, 1879.

TARTAR EMETIC IN RIGID OS UTERI.

This illustrative case is reported in the *Lancet*, by Dr. J. A. Irvine:—

Mrs. B., aged twenty-three, primipara. I saw her on the morning of the 26th of September last. On examination I found the os beginning to dilate and slight pains present. The membranes were intact, and I left her in charge of an experienced nurse. On again visiting her, some hours after, the pains I found still present, but rather irregular. I again examined the os, and found very little advance made since last visit. I saw her again in the evening, it being now altogether twelve hours since the commencement of labor. The os was at this time rigid, and no further dilatation had taken place, notwithstanding the strong and frequent pains. The lips had a hard, ring-like feel, very different from the semi-pulpy os sometimes met with. The patient's strength was good, with but little constitutional disturbance. I determined to give her antimony in small, frequent doses, and accordingly administered one-sixth of a grain of tartar emetic every ten minutes. A few doses thus given produced nausea, and after the fifth dose vomiting took place, when the administration ceased. On examining the os after a short interval, I found the rigidity gone, and the hard ring vanished. As soon as possible I ruptured the membranes, and safe delivery followed. The rapid effects of antimony in this case were surprising, and from a similar experience subsequently I believe that the small and frequent doses as here given are the best way of exhibiting the drug. The late Dr. Hall, of Montreal, recommended half a grain every half hour, but dangerous depression might in many instances supervene.

BROMHYDRIC ACID IN TINNITUS AURIUM FROM QUININE, ETC.

This acid affords an excellent means of stopping that ringing of the ears which is often such a disagreeable accompaniment to the injection of quinine. It also exercises a not less favorable influence upon other noises, particularly those of a pulsatile character, which give, for example, the sensation of hammering. If vertigo is present, the bromhydric acid neutralizes that also. The dose is fifteen drops in a little water every fifteen minutes.—*Press Med. Chir. de Pesth*.

THE CANADA MEDICAL RECORD, A Monthly Journal of Medicine and Pharmacy.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

ASSISTANT EDITORS:

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JAMES PERRIGO, M.D., M.R.C.S. Eng.

EDITOR OF PHARMACEUTICAL DEPARTMENT:

ALEX. H. KOLLMYER, M.A., M.D.

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MONTREAL, OCTOBER, 1879.

THE CANADA MEDICAL ASSOCIATION.

The meeting at London, on the 10th of September, may be considered a successful gathering, and yet it was not so successful as we had hoped it would have been. The attendance was fairly large, and yet it was not what the Association had reasonably a right to expect, after an existence of twelve years. If we except the delegation from Montreal, which was present in considerable force, the attendance of those beyond a radius of fifty miles was exceedingly scanty, the great bulk of those present being from the town of London and its immediate neighborhood. With the exception of the meeting at which the Association was established, and one or two subsequent ones, this has been the character of the attendance at all the meetings. When we reflect as to why this has been the case, we are forced to the conviction that, although Confederation has done much to mould us into a homogeneous whole, that there yet clings to us far too much provincialism. If we desire to rise above the narrow issues which provincialism engenders, we must cast aside those prejudices which have descended to us as the result of the old political feuds, which in days that are past, existed between the Upper and the Lower Province of Canada, now Ontario and Quebec. We should be prepared to make our Medical politics, as far as is possible, assume a Dominion shape; but till that time arrives, can we not all of us feel that the profession has one grand and glorious platform on which all can meet? Can the profession not feel sufficiently interested in the advancement of the science and art of Medicine to devote every year, or every year or two, a few days to travel whither the Canada Medical Association is

about to hold its session? It should be so interested, because the contact of mind with mind is sure to be beneficial not to the physician alone, but likewise to those who may require his professional care. We feel that in Canada we have not yet risen to a just estimation of the value of such Associations as have our brethren across the lines. In the United States the American Medical Association, the sister Association of our own, shifts its meetings from Chicago to Washington, Atlanta to New York, San Francisco to New Orleans, and yet at all these places we find that the attendance has been large, thoroughly representative in its character, and hailing from every portion of that great country. How different is it with us in Canada! Take our Association down to the Maritime Provinces, and beyond a Montreal delegation (which is always to the front to support the Association), and perhaps a couple of prominent men from Ontario, the success of the gathering depends on those residing in and around the place of meeting. Place the meeting in Ontario, and the result is the same, only reversed. Now this should not be, and yet till we shake off this feeling of working for the profession *only* in our own Province, we do not think that any alteration may be expected. We have been led to make these few observations, which have long been felt, if not previously uttered, because we notice a letter in the October number of the *Canada Lancet*, signed "*Unus E. Pluribus*," in which the formation of an Ontario Association is advised, and this because "the itinerant system of holding meetings one year in the West, and perhaps the next year in the far East * * * is certainly very unpromising of vigorous persistent vitality." Now with all due regard to the gentleman who penned the above, we are of opinion that he does not precisely grasp the situation. If the profession in Ontario desire to form an Ontario Association, they have the talent and the energy and the means to carry one to a very successful issue; but that is no argument against the necessity and the advisability of also keeping up our Dominion Association, which must always, no matter what its numerical strength may be, rank far above any mere Provincial Association. We believe that in many ways our Canada Medical Association might, however, be improved. For illustration, we may say that, in our opinion, if it partook

more of the character of a meeting of Medical delegates it would at all events be better attended, and also attract more attention. To have delegates in sufficient numbers, every city and every county should have its Medical Society, and from each of these should be sent one or more delegates. It is possible, but it would of course be somewhat difficult, to carry out our idea. Till such a desideratum takes place, we sincerely trust that our friends, not only in Western Ontario, but in Eastern Quebec and the Lower Provinces, will feel that professional pride, if nothing more, should induce them to lend a helping hand in making the meeting which takes place next Autumn in Ottawa the most successful that has yet been held.

Unus E. Pluribus, writing to the October number of the *Canada Lancet*, says: "It appeared to me, as I believe it did to not a few other members, that the Permanent Secretary seemed to regard the Association as his own proper machine, and that it must be run just as he deigned to permit, for no matter of ordinary business was allowed to be proceeded with, without his jumping to his legs." Whoever this correspondent may be, we believe we express the opinion of nine-tenths of those present at the meeting, when we say his letter is a base slander against a worthy officer of the Canada Medical Association. It may be true, and we believe it is, that upon two or three occasions when his opinion was desired by Dr. McDonald, the President, the Permanent Secretary did rise to his feet, and gave to the meeting the opinion asked for, and in doing so he laid the Association under an obligation. It must be remembered that the Secretary in this Association has occupied his position for a number of years, and that consequently the President, a new officer every year, is very likely, and moreover very wise, to appeal to him for advice, for who should be more competent to give it? That the remarks of *Unus E. Pluribus* are not merited is proved by the Permanent Secretary's unanimous re-election to office, as well as the fact that he received the thanks of the Association. Let this correspondent change his tack; let him come to the conclusion that Ontario is not the world, that there are more people than himself in it, and that he would be doing better service to his profes-

sion and his country by smoothing down any uneven surface which he may see, instead of trying to dig from the earth, and roll to the front, anything which can by any possible means be construed into a grievance.

THE MONTREAL MEDICAL SCHOOLS.

McGill University opened October 1st, Dr. Gardner delivering the introductory lecture.

Bishops University opened October 1st, the introductory lecture being delivered in the evening by Dr. McConnell, a number of ladies being present.

Victoria Collego was opened by Dr. G. O. Beaudry delivering the introductory lecture.

Dr. Rottot, the Dean of the New Medical School in Montreal of Laval University, gave the opening lecture.

So far as we can learn between 300 and 400 students are in attendance at the various Montreal Schools.

PERSONAL.

Dr. Gurd (M.D., McGill College, 1879), after a lengthened visit to England, has returned to Montreal, where he intends to settle.

Dr. Jenkins (M.D., Bishops College, 1879) is at present on a visit to England.

Dr. James McGregor Stevenson (M.D., McGill College, 1856) is in practice at Bryanston, Ont.

Dr. Kannon (M.D., Bishop's College, 1879) has been appointed House Surgeon to St. Peter's Hospital, Albany, N. Y.

REVIEWS.

Reports to the St. Louis Medical Society on Yellow Fever. By W. HUTSON FORD, A.M., M.D. St. Louis, Geo. O. Rumbold & Co.; Montreal, Dawson Bros.

In these reports we find a great deal of important matter to those physicians taking an interest in yellow fever. Never has the subject assumed such importance as during the last two years on account of the ravages committed by it along the Mississippi River.

Part IV, on the Etiology of the disease, is very instructive, giving us all the information possible up to the present time.

Part V is on the Theory and Practice of the administration of *Veratrum Viride*. The author speaks very highly of its use, and claims to have had success with it.

Atlas of Skin Diseases. By LOUIS A. DUHRING, M.D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania; Physician to the Dispensary for Skin Diseases, Philadelphia; Dermatologist to the Philadelphia Hospital, &c. Philadelphia, J. P. Lippincott & Co.

We have had upon our table for some time past number five of this *Atlas of Skin Diseases*, and have had ample time to give it a critical examination. The subjects illustrated, Scabies, Herpes Zoster, Tinea, Sycosis, Eczema (vesiculosum), are among the common forms of Skin Disease seen almost weekly if not daily at ordinary Medical Dispensaries. This fact renders this number peculiarly liable to criticism by those whose opportunities for testing the correctness of the plates have been ample. Among this number we place ourselves, and we can with thorough honesty express our conviction that the plates are absolutely correct, while their artistic execution does credit to the artists who have executed them. Indeed, the entire work is so complete and so artistic as to be creditable not alone to the house that has had the business tact to produce it, but to the profession of medicine in the United States, of which Dr. Duhring is so distinguished a member. The opportunities which Dr. Duhring has for pursuing his studies on Dermatology are perhaps more extensive than that possessed by any other dermatologist on this side of the Atlantic, and the letter press of this *Atlas* shows that he has seized hold of the salient and foremost points of each case, and produced a description of the disease as life-like as is the drawing it is intended to elucidate and explain. The labor which has been bestowed upon both plates and letter press must have been very great, and the profession owe it to themselves that such labor should be rewarded by a hearty and generous response. Works like this *Atlas of Skin Diseases* are not produced every year, and as the number issued beyond the subscription list must be limited, we strongly and earnestly recommend all of our readers who may feel interested in the study of Dermatology (and every

physician in practice should be deeply interested), to at once write to J. P. Lippincott & Co., of Philadelphia, and order the work. Any who may desire to see the work before ordering can do so at our office.

First Step in Chemical Principles, intended principally for Beginners. By HENRY LEFFMAN, M.D., Lecturer in the Jefferson Medical College. Philadelphia, Edward Stern & Co.

This small book is a little gem in its way. For those commencing the study of Medicine we know of no work which will at all compare with it in making comparatively easy that science (chemistry) that taxes as much the mathematical knowledge of the student, as it will his power of abstract reasoning. Every first year medical student should send for a copy of it.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

QUEBEC, 24th September, 1879.

The semi-annual meeting of the Provincial Medical Board took place at the city of Quebec, the 24th September, 1879, in the rooms of Laval University.

Members present:—Doctors Rottot, David, Marsden, Paquet, Trudel, Rivard, Wells, Paré, Ladouceur, Howard, Gibson, Scott, Gilbert, Lachapelle, LaRue, Michaud, Collet, Perrault, F. W. Campbell, Dagenais, Ahern, Marmette, Sewell, Lemieux, Gingras, Ross, Lafontaine, De St. George and Belleau.

The President, Dr. Rottot, took the chair at ten o'clock.

The minutes of the meetings of May 14th and 15th were read and adopted.

Read a letter from Dr. Grandbois, member of the Board, regretting that he was unable to attend the meeting through illness in his family.

The report of the Assessors of the Medical Faculty of Laval University, Quebec, was read and adopted.

The report of the examiners for the preliminary examination was read and adopted. By this report the following gentlemen have been admitted to the study of medicine:—Emile Sylvain, Rimouski; Alfred Pinault, Rimouski; C. Dexter Ball, Stanstead; Etienne Gosselin,

St. Isidore; John C. Howe, Quebec; Thomas Dahig, Quebec; J. A. Dickson, Trenholmvile; George R. Shirriff, Huntingdon; William Delaney, Magdalen Islands; Edmond Perron, Eboulements; Samuel Brien, St. Martin; Charles Vincelette, Canardière; and Charles Eusèbe Lemieux, Quebec; four candidates are to be re-examined on several subjects, and five were rejected.

Moved by Dr. David, seconded by Dr. Marsden, and resolved: That Dr. A. M. Ross, a graduate of Ontario, receive his license, if his qualifications, &c., be found correct.

Dr. Lachapelle read a letter of Mr. Aimé Gaboury, medical student of the Michigan University, asking to be recognised as medical student by the Provincial Medical Board, on presentation of his certificate of having passed his preliminary examination before Michigan University. His request was not granted because the Provincial Medical Board does not recognise the preliminary examination of the University of Michigan as equivalent to its own, and will only recognize as students legally qualified in the Province of Quebec those who have passed an examination equivalent to that of the Provincial Medical Board.

Dr. Gibson (Dunham) brought before the Board the case of Dr. Prime, of Brome, who had been fined for selling liquor against the permissions of the Dunkin Act, which was and is in force in the county where he resides. Dr. Prime claimed that, as a Physician, he had a right to keep liquor, and to sell it for use in cases of sickness, and that it was for exercising this right, which as a licentiate of the College he claimed he possessed, that he had been fined. Dr. Prime desired to carry the case to the Supreme Court of Canada, and thought that it was the duty of the College to assume the further prosecution of the case, inasmuch as the rights of its licentiates had been assailed. Dr. Gibson laid before the College a statement of the case as drawn up by Dr. Prime.

Proposed by Dr. Gibson, seconded by Dr. Gilbert, and resolved:—That Dr. Prime's letter be referred to a special committee, with instruction to inquire into the merit of its contents and to report at the next meeting of the Board, and that the said committee be composed of Mr. President and Doctors Howard and F. W. Campbell.

Dr. W. M. Keyes of Georgeville, Que., applied for the license of the College, on the ground that he held a license from Ontario, issued previous to the formation of the present College of Physicians and Surgeons, Province of Ontario. On presenting this license, it was found to be a license to practice according to the eclectic system, and as the Quebec Board did not recognize an eclectic license the request of Dr. Keyes was refused.

The following gentlemen, holders of diplomas of the following Universities, were duly sworn, and received the College's license:

Laval University, Quebec:—F. X. Gosselin, M.L., St. Roch des Aulnets; Simon Grenier, M.L., Percé; Charles E. A. Côté, M.L., Quebec; Henri Philippe Rouleau, M.L., St. Celestin, Nicolet.

Victoria University:—L. G. Routhier, M.D., L'Ange Gardien (Ottawa); Pierre Leonore Couillard, M.D., West Farnham, and Louis L. Auger, M.D., Rivière du Loup (en haut).

Read a letter from Dr. W. L. Pagé, of Danville, asking to be registered as member of the College of Physicians and Surgeons of the Province of Quebec, as he had paid his fees and held his receipt, yet did not find his name on the register. It being found that his statement was correct, request was granted.

The Treasurer, Dr. Lachapelle, read a financial statement of the College of Physicians and Surgeons of the Province of Quebec from September, 1877, to 1st September, 1879, showing, all things considered, a satisfactory condition. The amount of what might be called extraordinary expenses, and not likely to recur, being very large.

Proposed by Dr. Howard, seconded by Dr. Ross, and resolved:—That the President be authorized to sell a portion of the bank stock held by the Board to a sufficient amount to pay the most pressing debts.

Proposed by Dr. Collet, seconded by Dr. Gingras:—

Considering that inasmuch as a certain institution has this year made several admissions to the study of medicine;

Considering that it is important to prevent the renewal of such infractions to the existing law:

It is resolved that the College will for the future grant its license only to those who, since

the sanction of our new Medical Bill, will have been admitted to the study by the examiners for the preliminary examination of the Provincial Medical Board. Carried, yeas 17, Nays 10.

Dr. Collet proposed, seconded by Dr. Gingras, the following notice of motion to be considered at the next meeting :

Considering that the College of Physicians and Surgeons of the Province of Quebec is the only safeguard of the rights and privileges of the Medical Profession in this Province;

Considering that there is reason to believe that Victoria College of the Province of Ontario encroaches on these rights and privileges in granting diplomas to students who follow their studies in the Province of Quebec;

It is resolved that the President of the College be hereby authorized to consult a member of the legal profession of the Province of Ontario upon the rights and privileges granted to the Victoria College by its charter and its relations to the Province of Quebec, and that, should he be so advised, he is hereby authorized to take the necessary proceedings by which the rights of the College of Physicians and Surgeons of the Province of Quebec will be protected.

After the reading of the above resolutions Dr. Dagenais read the opinion in writing of Mr. S. Pagnuelo, advocate, of Montreal, regarding the legality of the Victoria University's diplomas in the Province of Quebec, declared his opinion that the University did not possess any such right.

Proposed by Dr. Marmette, seconded by Dr. Campbell, and resolved :

That the Registrar be instructed to notify all those who have neglected to pay their annual contribution to do so immediately, and that the President be requested to take legal proceedings against all those who may neglect to answer the call.

Proposed by Dr. LaRue, seconded by Dr. Marmette, and resolved :

That each Governor of each district give to the Registrar the names of all medical men now practising without being registered in its district, and that the President be authorized to take legal proceedings against them to compel them to register and recover all fees due by them.

Moved by Dr. Gilbert, seconded by Dr. Marsden, and resolved :

That a Committee, composed of our President, Dr. Rottot, Doctors Howard, Lachapelle, F. W. Campbell and Trudel, be appointed to draw up a code of bye-laws for the College, and on their completion (not later than the first day of January next) the President be desired to call a meeting of the City of Montreal Governors, and at the same time to send a manuscript copy thereof to Dr. Lemieux, of Quebec, who is hereby requested to call a similar meeting of the Governors of the City of Quebec, and that the said proposed by-laws be submitted to each of these bodies, and on the completion of the said revision the President be requested to get one hundred and fifty-copies of said proposed by-laws printed, and three copies thereof sent to each Governor of the College not later than the first day of March, 1880.

Dr. Perrault submitted a tariff which was adopted on motion of that gentleman, seconded by Dr. Belleau, and the Secretary was authorized to get it printed, sanctioned by the Lieutenant-Governor in Council, and published in the *Official Gazette*.

The President appointed the following Examining Committees for next meeting :—*Anatomy*, Dr. Scott; *Surgery*, Dr. F. W. Campbell; *Medical Jurisprudence*, Dr. Paré; *Physiology*, Dr. Lachapelle; *Practice of Medicine*, Dr. Gilbert; *Materia Medica*, Dr. Rousseau; *Midwifery*, Dr. Trudel; *Botany*, Dr. Badeaux; *Chemistry and Hygienics*, Dr. Ahern.

On motion of Dr. Howard, seconded by Dr. David, a vote of thanks was passed to the Rector of Laval University, Quebec, for his kindness in placing the rooms of the University at the disposal of the Board.

The meeting adjourned at three p.m.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

SEPTEMBER 19TH, 1879.

A regular meeting of this Society was held this evening, the President (Dr. Henry Howard) in the chair.

Dr. John Reddy then read a paper unique in character and of great interest on "Pneumonia, with Embolism of the Right Femoral Artery."

As far as could be ascertained, this is the first case of the kind on record.

Dr. Finnie related a case in his private practice. He was called on the 23th of August to see a female patient *enceinte*, suffering with flow of blood. Considering it a case of threatened miscarriage, he ordered rest and opium. Two days after, an unusual amount of blood was lost, and there was, in addition, incessant vomiting. Next morning the womb was more dilated, and it was then judged to be a case of placenta previa. The case was seen in consultation with Dr. Kennedy, and labor was induced. Chloroform was given and the membranes ruptured, when an unusually large quantity of liquor amnii came away. It was a twin birth, one foetus being quite covered by its membrane. Stertorous breathing and convulsions followed, the patient dying two hours after the operation. There was but one placenta, it being of the kind known as placenta succenturia.

A discussion followed, in which Drs. Kennedy and Trenholme took part.

Dr. Kennedy mentioned a case which had been brought to the Woman's Hospital, St. Antoine Street, the indications being those of miscarriage: half an hour after her admission a foetus was expelled. There was retained placenta, which Dr. Kennedy removed. Her face was swollen and covered with an urticaria rash; opium was administered to quiet her. Next day the eruption was gone, but over the abdomen were a number of small purpuric spots. She died at six that evening—death supposed to be from rupture of a blood vessel in the lung.

Dr. Shepherd mentioned a case seen by him in the out-door department of the General Hospital. An individual presented himself complaining that he was debarred cohabiting from the presence of a small excrescence on the base of the glans penis. It had the appearance of an apple seed, but on removal proved to be a small sebaceous cyst.

The meeting then adjourned.

—
Oct. 3, 1879.

A regular monthly meeting of the above Society was held this evening, and, being the first meeting in October, was also the annual meeting. The President, Dr. Henry Howard, in the chair. There were present Drs. Henry Howard, R. P. Howard, Kennedy, Wm. Macdonald,

Kerry, Scott, Reddy, Simpson, Bessey, Bell, Blackader, Brodie, Wilkins, Perrigo, Roddick, Cameron, Osler, F. W. Campbell, Molson, Major, Ross, Loverin, McConnell, Gardner, Hingston, Finnie, McDonnell, Shepherd and Edwards. Minutes of last annual and last regular meetings were read and approved.

Dr. Herbert L. Reddy was balloted for, and unanimously elected a member.

Dr. Major presented the facts of the following case to the Society: B. W., æt. 44, admitted into Montreal General Hospital July 8, 1879, complained of difficulty in swallowing and great pain accompanying the effort. Shows good family history, contracted syphilis twenty-three years ago—ample proof is afforded by person—wife's miscarriages, and children's appearance and teeth, has been a hard drinker for many years. In April last contracted a severe cold, lasted about two weeks. *Dysphagia* supervened. This was first indication of any disease, and was first symptom complained of. Breath was foetid in smell, cough was not obstinate, and was not a prominent symptom. Three or four months elapsed between the appearance of the dysphagia and the affection of voice power. Voice became husky and harsh, by no means reduced to whisper; some pain over box of larynx on swallowing, and lancinating pain to right ear of but a few seconds duration. No difficulty in breathing, lungs sound on examination, rales in throat on both expiration and inspiration. On depressing tongue with spatula the epiglottis could be seen, and posteriorly to it, on its right half, and showing above it, a greyish-looking body of an ashen color.

Laryngoscopic examination revealed an irregular growth, varying in hue with the situation, composed of two or more independent masses, almost completely blocking up the larynx. The vocal cords were hidden by it, as also was the right ventricular band. The left ventricular band could be seen at times, but always indistinctly and unsatisfactorily. The color of the growth varied from ashen grey to red brown and greenish black, according to the extent to which the disease had advanced and the part attacked. The right ary-epiglottis was involved,—right third of epiglottis eaten away. Laryngeal surface, or such of it as was not implicated in the growth, very much congested.

Supporting treatment was adopted by Dr.

Roddick, after he had decided by appropriate treatment that the disease was not of syphilitic origin. The death, which took place on Sept. 25, 1879, was the result of exhaustion.

Dr. R. P. Howard remarked that this patient had formerly been under his care, and there was no doubt about the existence of syphilis. It is at times very difficult to diagnose syphilitic disease from cancer. About fifteen years ago a British nobleman consulted him about an ulcer on his tongue. The opinion had been expressed that it was malignant. Afterwards he was seen by Dr. Van Buren, of New York, who pronounced it syphilitic, and placed him on large doses of iodide of potassium, under which he appeared to improve. The patient was quite satisfied with the supposed correctness of Dr. Van Buren's opinion. Dr. Howard regarded it as malignant, the truth of which was seen in the sequel,—the patient subsequently died in England of cancer of the tongue.

Dr. Osler presented the pathological results of a case of corrosive sublimate poisoning. Boy, aged 11; tasted contents of bottle supposed to contain whiskey.

Symptoms.—Pain in abdomen, vomiting, purging; small amount of blood in vomit and stools. Throat injected. Intestinal symptoms abated somewhat by third day, complete suppression of urine for five days. On 6th day, a diphtheritic-like exudation appeared on right tonsil and uvula. On 7th and 8th days passed a few ounces of clear, highly albuminous, urine. Moderate diarrhoea, with pain in abdomen persists. No fever. Pulse became weaker, and he got gradually lethargic, and died on the 10th day.

Autopsy.—In throat, exudation on tonsil and uvula. Nothing of note in gullet. In stomach, m. m. has slate-grey color; no ulceration. On close examination numerous small branched lines are seen, dark colored, and prove to be small capillaries and venules filled with altered corpuscles, the remnants, no doubt, of an intense congestion of the organ. Nothing of note in small bowel. Large bowel presents numerous patches of exudation situated upon injected bases, greyish-yellow in color, superficial, varying in size from a sixpence to a shilling. None have as yet sloughed; no ulcers, most in cæcum and asc. colon; none in rectum. Solitary glands very prominent;

kidneys, greatly enlarged, over 200 grms weight each. Capsule removes easily, surface smooth, chocolate colored, no vessels seen. On section substance moist, and drips with a blood-tinged serum. Cortex swollen, of a light-brown color, no lines of vessels or tubules evident. Pyramids of a dirty brown color. On mic. exam. epithelium of tubules very granular. Many of the large collecting tubes are filled with blood corpuscles. Malp. tufts distended with blood. Capillaries and veins through entire organs unusually full. Bladder contains four ounces of dark urine, album., but no casts.

Remarks.—Corrosive sublimate is an irritant poison, the effects of which develop very quickly. They are local and specific. The former consist of inflammatory appearances in mouth, pharynx and stomach, varying, with the dose and concentration of the poison, from simple injection and inflammation to erosion and even deep ulceration: The specific effects are seen in the large bowel and kidneys; in the former exciting a dysenteric inflammation, in the latter an acute nephritis, very often accompanied, as in this case, with suppression of urine. These effects have been known to follow the application of it to the head in favus or to an ulcerated surface. In present case the dose taken was probably small. The local action was moderate, and did not, in the stomach, excite severe inflammation. The exudation in throat did not appear until the 5th day, and it so closely resembled diphtheria that the lad was placed in a separate ward. It is highly probable that the affection of the throat, as well as that of the large bowel, was dependent upon the action of the poison, exciting in both an inflammation accompanied with a croupus or diphtheritic, i. e. fibrinous exudation.

Dr. George Ross stated that this patient had passed into his charge six or seven days after the accident. It was thought then that he was improving, as gastric and intestinal symptoms of a severe character had passed away. There was no vomiting. If food was given in moderation it was retained. But he showed great prostration, apathetic, dull and very feeble, great dizziness, slight tenderness on abdominal pressure. Throat was of a dull bluish injected condition forty-eight hours after first seen, twenty-four hours later it looked like ordinary diphtheria. There is no doubt about the suppression of the urine. It is rather remarkable that five days should pass without any of the definite symp-

toms of uremia. A lethargic condition supervened, and the patient died insensible.

Dr. Henry Howard then delivered the following address:—

RETIRING ADDRESS OF THE PRESIDENT, DR. HENRY HOWARD.

GENTLEMEN:—The 2nd By-Law of our society, speaking of the duties of the President, says, "He shall present at the annual meeting in a paper a 'resume' of the proceedings of the year."

It is now twelve months since you did me the honor of electing me to the Presidential Chair of this society. I felt then how great an honor you had conferred upon me, and now that the year has drawn to a close I feel more keenly how great was that honor. I do not believe in that pride that apes humility. I hate hypocrisy, no matter under what form it presents itself or in whom it presents itself, and I feel I would pay but a poor compliment to your intelligence, a still worse compliment to your manhood, were I to come before you this evening and, with mock humility, say, that I feared during the past year I had not done my duty by this society, when I feel sincerely that I have. Not, mind you, that I claim to have done all that could have been done by another more capable than I am, but that I did my duty because I did my best, and any man who has done his best, no matter how far short he may fall of perfection, that man has done his duty. In this light, and this light only, do I claim to have performed my duty to this society. My pleasure at meeting you here at our regular meetings has been very great, and this pleasure has been enhanced by the good attendance of the members, the support I have received from all the officers of the society, as well as all the members; more particularly have I been pleased at the many interesting papers read before the society during the year, bringing out for our instructions such interesting and practical discussions, and all these discussions carried on in so gentlemanly a manner, that none could possibly take offence, because all knew that no offence was meant.

There are but few societies, gentlemen, that can thus boast; few societies where men meet and warmly discuss subjects, the members holding widely different views upon many questions brought before them, and yet no one give offence

in his remarks. And why is this? Simply because we never allow to be discussed in this society any of the burning questions that breed envy, hatred and malice amongst the human race. We, when we meet, rise far above these questions; we assemble, each and all, to instruct and be instructed, that each and all of us may be the better prepared to perform our duty to our fellow-man, by relieving what is common to all—suffering. Yes, there is no denying but that suffering is common to all; so common from the breach of natural laws, by either our progenitors or ourselves, that we might be lead to believe that suffering was the natural state of man; but the proof that such is not the case is that no man likes suffering, and we all like what is natural, and all without exception, seek to be relieved of suffering; and such is the high position to which the members of the medical profession are called, the high and holy office of relieving suffering. And when we members of this society meet together I trust we never lose sight of this important fact of how high is our calling, and therefore, the greater is our obligation to collect all the knowledge we can from the different sources that science and the experience of others has opened up to us.

And here I feel it my pleasing and bounden duty to, for myself and the society, return thanks particularly to one member of the society for all that he has done for us, done for medical science, during the year that is past. He has, if I may be allowed the expression, fed us with this science, and not only fed us with, but given us an appetite for it, and I trust he has imparted to us a portion of his own healthy enthusiasm, so that the more of this scientific food he gave us the more we looked for, and he did not disappoint us, for his recreation was to search in the Atlantic Ocean to still obtain more knowledge, and he came back to us laden with good things, part of which was to demonstrate to us the heart of the sword fish, explaining to us its comparative anatomy, its physiology, and the circulation of the blood in that monster of the deep. None of us, I hope, will ever forget the many interesting pathological specimens that he brought before us, and so ably explained during the past year. Then, again, his anatomical preparations of the brain, what can surpass them? so perfect and so beautiful, be-

cause natural, that the student of anatomy, and we are all students, can learn by these preparations the anatomy of the brain, not only as well but much better than if we were to attempt to dissect the brain for ourselves. I hope that in time he will not only show us more of such anatomical preparations, but also more pathological preparations of the brain. Gentlemen, I know I but speak the mind of the society when I say I hope he may reap ample reward for his persevering industry. I know it is not necessary, but I must name our scientific friend, Dr. Osler. Other members of the society have also presented us with some rare pathological and anatomical specimens, to whom, on the part of the society, I return our most sincere thanks, and beg of them to persevere in their good work.

If I do not particularize any of the papers that were read before the society, it is not because that they were not highly appreciated, both by the society generally and myself in particular, but because all were so good and so full of interest that it would be impossible for me to make a choice. I feel, were I to attempt it, I would finish like the child who searched for the finest apple amongst a basket full, found he could not succeed, so shut his eyes and took the one that came to his hand, and then was content. Persevere then, gentlemen; don't get tired in so good a work, good for yourselves and good for the society.

It is with great pleasure that I have to speak of the many cases occurring in practice that have been recorded during the past year, and many of them by some of the junior members of the profession. This is a good sign, and I hope it will be persevered in. I think it is a cause for me upon which to congratulate the Society. It is a pleasure for me to have to announce to the Society an addition of fourteen new members. I regret, however, to have to announce we lost one by death, a promising young man; Dr. Park, and three have left the city, amongst whom was our scientific friend, Dr. Fuller, a gentleman that we could badly afford to lose from amongst us.

Within the year there was a committee appointed to search for a more suitable room for our meetings, in fact a room that would be our own. It is not the fault of those that compose that committee that they have not yet suc-

ceeded. I hope they will not be relieved from their duty till they do succeed, for if they cannot do the work in hand I don't know what committee could.

I hope, gentlemen, before another year that the Society will succeed in having a room, if for no other reason than the very important one that we might be in a position to accept the gift so generously offered to us by our friend and the well tried friend of the Society and the profession, Dr. Fenwick.

There are some occurrences that have taken place during my presidential year, although not immediately connected with the Society, yet I must congratulate the Society upon. First, comes the visit, to the profession generally of Montreal, of Dr. Clark, who was the attendant physician of H. R. H. the Princess Louise and our now Governor General. His interesting and practical lecture on lung disease will long be remembered by all those who had the happiness of hearing him. Nor will we soon forget the charm of his conversation the evening he spent amongst us. He did not come to us puffed up with national or political pride, he knew that it was as a medical man he gained his honors, and it was as a medical man, and that only, that he presented himself amongst us. He could afford, and had the manliness to acknowledge the high position attained by many of his confrères in Montreal. I feel that this Society owes a debt of gratitude to the members of the profession who took an active part in giving him an honorable reception; and more particularly is our thanks due to him who is now recognized as the father of the profession in Montreal, Dr. Campbell.

Secondly. Gentlemen, we have had our medical bill amended during the past year, and certainly not before it was wanting.

Thirdly. We have had the "Inspector of anatomy bill" amended, which I trust will prove a great boon to the medical schools and medical students, and prevent many scandals. It is now for those who are more particularly interested to push their vantage ground.

Fourthly. Gentlemen, though last not least, we have had a lunacy bill for the Province of Quebec, a bill long desired and greatly needed. This bill was obtained against most powerful opposition. It is not all that we could wish it to be, but it is a step in the right direction. Like

the medical bill, we may get it improved in time. On a future occasion I will take an opportunity of bringing this subject again before this Society.

In the meantime I think all these occurrences that I have mentioned as having taken place during the past year are causes for us to congratulate ourselves upon.

I will now read you the *resumé* of the past year, which has been supplied to me by our obliging Secretary, Dr. Edwards.

RESUME OF THE SOCIETY'S PROCEEDINGS DURING THE YEAR.

Meetings held during the year, 23. Average attendance, 19. Pathological Specimens exhibited by Dr. Osler, 68. New Members, 14, namely: Drs. Vineberg, Stevenson, Tunstall, Marston, Smith, Munro, Wm. Macdonald, Kerry, Rodolphe E. Leprohon, Spencer, Jenkins, Imrie, Sutherland and Sheridan. Left the City, Dr. Fuller, and elected a corresponding member; Dr. Marston, Dr. Leprohon. Died, Dr. Park, a junior practitioner, died of typhoid fever.

The following papers were read before the Society during the year:

1. Dr. Hingston. "Inflamed Joints."
2. Dr. Roddick. "Cases Treated by the Thermo-cautère."
3. Dr. Ross. "Acute Spinal Paralysis."
4. Dr. Trenholme. "On the Hodge Pessary in Retroflected Uterus."
5. Dr. Hingston. "Excision of the Shoulder."
6. Dr. Kennedy. "Extra Uterine Gestation."
7. Dr. Bessey. "Animal Vaccination."
8. Dr. Buller. "Eserine."
9. Dr. McConnell. "Ichthyosis Hystrix."
10. Dr. Hy. Howard. "Responsibility and Irresponsibility in Crime, and Insanity."
11. Dr. Osler. "Two Cases of Rare Kidney Tumor."
12. Dr. Alloway. "Tracheotomy in Laryngeal Diphtheria."
13. Dr. Oakley. "Pneumonia."
14. Dr. F.W. Campbell. "Whooping Cough Treated by Quinine."

15. Dr. Hy. Howard. "Some Practical Remarks on the General Treatment of the Insane."

16. Dr. A. L. Smith. "Chorea."

17. Dr. Rodgers. "Softening of the Brain."

18. Dr. R. Macdonnell. "Three Cases of Malignant Disease."

19. Dr. Hingston. "Sewer Poisoning."

20. Dr. Osler. "Demonstrations of the Medical Anatomy of the Brain."

21. Dr. Finnie. "Chronic Ulcer of the Stomach."

22. Dr. Reddy. "Pneumonia followed by Embolism of the Right Femoral."

Well, gentlemen, I think we may congratulate ourselves upon the progress the society has made during the past year, and we have the right to hope that we will do more in the future. Let us be only true to ourselves and we have nothing to fear,—true to ourselves, "and it must follow as the night the day we cannot then be false to any man."

One word with regard to self: Under the new Lunacy Bill my position is altogether changed in regard to the Longue Pointe Lunatic Asylum. I am no longer the "*prescribing physician*" of the asylum; that work for the future will be done by the resident physician, Dr. Perrault, who, under the new law, is appointed and paid by the proprietors. My duties as visiting physician partake more of the duties of an Inspector. These may not be quite so laborious as were my former duties, but they will be much more important, and my responsibilities much greater. Now I have to do with no patients in the asylum except the patients paid for by the government; with the private patients I have nothing to do, directly or indirectly, either with their admission, their treatment, or their discharge. I am in no way responsible for the private patients in the asylum. I considered it due to both you and myself to give you this information the first moment I had an opportunity.

In conclusion, I again thank the members and officers of the society for the support they have so generously afforded me during my Presidential year. Your duty now is to elect your officers for the year we have entered upon,

which, when you have done, I will have much pleasure in installing my successor into the Presidential Chair.

The President stated that the Treasurer, Dr. Proudfoot, was absent from the city, and his report could not therefore be presented. It was moved by Dr. Scott, seconded by Dr. Ross, that the report be presented at next meeting. Carried.

Dr. Reddy moved, and Dr. F. W. Campbell seconded a vote of thanks to the President for his address. Carried.

The election of officers for the ensuing year took place, the result as follows :

President, Dr. R. Palmer Howard ; 1st Vice-President, Dr. John Reddy ; 2nd Vice-President, Dr. Hingston ; Secretary, Dr. O. C. Edwards re-elected ; Treasurer, Dr. Proudfoot re-elected ; Council, Drs. F. W. Campbell, Roddick and Henry Howard.

A vote of thanks to the retiring officers was moved by Dr. Campbell, seconded by Dr. Reddy, and carried.

Dr. Kennedy moved, and Dr. Osler seconded, that the Treasurer be directed to pay the caretaker of the rooms, \$15. Carried.

Drs. Ross and Roddick were announced as readers of papers at the next meeting. The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,
Secretary.

HOW TO STOP A COLD.

Dr. Dobell gives the following plan for stopping a cold. If employed sufficiently early it is said to be almost infallible:—1. Give 5 grains of sescarb. of ammonia and 5 minims of liquor morphine in an ounce of almond emulsion every three hours. 2. At night give jss. of liq. ammon. acetatis in a tumbler of cold water, after the patient has got into bed and been covered with several extra blankets. Cold water should be drunk freely during the night should the patient be thirsty. 3. In the morning the extra blankets should be removed so as to allow the skin to cool down before getting up. 4. Let him get up as usual and take his usual diet, but continue the ammonia and morphia mixture every four hours. 5. At bed-time the second night give a compound colocynth pill. No more than twelve doses of the mixture from the first to the last

need be taken as a rule ; but should the catarrh seemed disposed to come back after leaving off the medicine for a day, another six doses may be taken and another pill. During the treatment the patient should live a little better than usual, and on leaving it off should take an extra glass of wine for a day or two.

HOMŒOPATHIC CONFECTIONERY.

In some parts of Germany physicians are not permitted to dispense medicines, when there is an apothecary in the place to do it for them. We learn from the *Allg. Hon. Zeit.* that three homœopathic physicians were practising in Regelsborg, when an apothecary of the same belief came among them, and notified them to send their prescriptions to him. Two of them refused, and were brought before the court and fined about five dollars. The case was carried to a higher court, and the medicines (pellets) sent to the University of Erlangen for chemical analysis. The chemists of the university failed to find anything in them of a medicinal or poisonous nature, and so reported ; whereupon the judge reversed the decision of the lower court, and declared that there was no law that prevented physicians from distributing sugar-plums (*Zuckerwaaren*) as freely as they chose.—*N. Y. Med. Rec.*, May 3, 1879.

TO GET LEECHES TO FASTEN.

Almost every physician has at times experienced the difficulty of getting these animals to bite. The following plan is commended, and will be found effectual in all cases when the leeches are healthy. Put the animals in a small glass vessel half filled with cold water. The part of the body which is to receive them is carefully washed with warm water, and the glass is quickly inverted upon the skin. The leeches attach themselves with surprising rapidity. When all the animals have bitten the glass is carefully removed, the water escaping being absorbed by a sponge. If a single leech is to be applied, the same plan is adopted, using a test tube in place of a glass ; by this means the animal may be compelled to bite at just the point desired. *Buffalo Medical Journal.*

BIRTH.

In Toronto, on the 10th September, the wife of Dr. J. H. Burns of a son.

DEATH.

At Woodstock, Ontario, on the 18th September, the Hon. Senator Carroll, M.D., of British Columbia.

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VOL. VIII.

MONTREAL, NOVEMBER, 1879

No. 2.

CONTENTS.

ORIGINAL COMMUNICATIONS.

- PAGE.
Cases in Practice, by Casey A. Wood, C.M., M.D., M.C.P.S.O., 29—On the Treatment of some Febrile Diseases by the External Application of Cold, by T. K. Holmes, M.D., Chatham, O. 31
PROGRESS OF MEDICAL SCIENCE
Illumination of the Cavities of the Body by a New Instrument—Nitsche, 36—A Means of Lowering the Gen-

- PAGE.
eral Temperature, 37—Lactopeptine, 37—Treatment in Night-Sweating of Phthisis, 37—Agaricum in the Night-Sweats of Consumptive Patients, 40—The Use of Iron in certain stages of Cardiac Disease, and the advantage of combining Chloride of Ammonium with Iron, 41—Treatment of Infantile Diarrhoea, 43—The Uses of the Hot-Water Douche in Parturition, 45—Advances in Pharmacy, 46—Incon-

- PAGE.
tinence and Retention of Urine in Children 43

EDITORIAL.

- New Kymograph, 49—Mr. Hughes' Pamphlet, 49—Trommer Extract of Malt, 50—The New Library Hall of the New York Academy of Medicine, 50—Medical Item, 50—Reviews, 50—Obituary, 54—Personal, 55—Medico-Chirurgical Society, 55—The Oldest Lecturer in Europe, 56—Birth, ... 56

Original Communications.

CASES IN PRACTICE.

BY CASEY A. WOOD, C.M., M.D., M.C.P.S.O.

ATTENDING PHYSICIAN TO THE WOMEN'S HOSPITAL, PROFESSOR OF CHEMISTRY MEDICAL FACULTY OF BISHOP'S UNIVERSITY.

On the third of August last I was sent for in great haste to assist a midwife in a case of confinement. On my arrival at the house I was informed that the patient had begun to lose blood at the very beginning of the labor, and that the hemorrhage had continued until the time of my coming. Having satisfied myself that the amount of blood lost was not as yet very considerable I made a digital examination and found the edge of the placenta extending almost to the os, which was soft, distensible and dilated to the size of a half-dollar. The presentation was that of the head in the first position; the pelvis was roomy, and everything pointed to a favorable termination of the labor. The pains had not been very strong, so I gave 3 ss of fluid extract of ergot, punctured the membranes, and, as I expected, the head settled down closer to the os, the pains increased in regularity and severity, and the bleeding soon lessened and finally ceased.

The woman, I ascertained, was forty years of age, had had a large family of children (about eighteen months having intervened between the birth of the last two) and her health for the previous four months had not been good. She

seemed to be of medium size, fairly well-nourished, and there was nothing special about her appearance to lead me to suspect the existence of any serious disease.

Her pulse was about 110 and rather weak, and I noticed then what I did not until afterwards pay much attention to, viz: the beats were ill-defined and inclined to be irregular. At the time I attributed this condition of the pulse to the excitement she was laboring under, consequent upon my being called in. The labor progressed rather quickly; the child was born; the placenta came away; the uterus contracted nicely, and I do not think that, during the last stage, a more than usual amount of blood was lost. Moreover the patient shortly afterward expressed herself as feeling quite comfortable, though rather weak. I remained for a while, and was about to take my leave when the midwife requested me to remain a little longer, because, after the woman's previous confinement, which she had attended, the patient had "gone off in a faint," from which there had been some trouble in resuscitating her.

Thinking it well to take precautions against a possible repetition of this fainting, and particularly since a more than usual quantity of blood had been lost by the patient, I lowered her head, had hot water bottles placed between her lower extremities and at the soles of her feet. The room was well ventilated and kept perfectly quiet. As a matter of further precaution a tumbler of hot brandy and ginger tea was prepared, a bottle of ammonia sent for, and every-

thing was done that would be of use in such an emergency.

The weak and rather fast pulse did not improve as it should have done. Its frequency did not diminish, nor was there any change in its tone, and shortly I noticed the woman's face become pale; she said she felt "strange" and thought she was going to faint. She soon after lost consciousness, and I was horrified to find her pulse get weaker and more irregular, her respiration become sighing, and her lips and face blanched. Every means was tried, without avail, to rouse her from the syncopic state into which she had fallen, but, in spite of all that could be done, she was dead within an hour after the birth of her child. There was no struggle, no convulsion. It was simply "the blowing out of a candle."

I have not been able to satisfy myself as to the actual cause of death, and I regret that a *post-mortem* was not allowed.

It could not be simple syncope from external loss of blood for, in my opinion, there had not been sufficient hemorrhage to bring about that result; nor do I think the fatal result is to be explained by internal uterine bleeding.

It may have been that the woman had been suffering for some time previous from some chronic disease of the heart, bringing about a gradual thinning of its walls, or causing some degenerative change in its structure, whereby the resulting disposition to fatal syncope was rendered actual when there was much loss of blood—a loss which, under ordinary circumstances, would not have been serious. And on enquiring into the previous history of the patient I did find some slight confirmation of this last idea. As to the physical signs it was not possible for one to make a satisfactory examination of the heart when the necessity for it first arose.

A short time ago I was consulted by A. B., æt. 42, an American of spare habit, for a gonorrhœa which he had contracted. As he was subject to dyspepsia I felt some hesitation about giving him *copaiba*, as I did not wish to derange his stomach. However, after treating him for some time, and finding that the discharge did not diminish to his satisfaction nor to my own, I prescribed, in a mixture, 20 drops of *bals. copaibæ*, to be taken 3 times a day,

warning him, at the same time, that he must discontinue the remedy the moment he noticed any dyspeptic symptoms, and that I must see him as soon as he finished the first bottle. I did not see him again until ten days afterwards, when I was sent for to attend him at his place of residence. On my arrival he told me that the first bottle "had done him a world of good," and that he had got a second bottle which, for the preceding four or five days, he had been taking in double doses, with the view of getting rid of his trouble still more quickly. The night before I saw him he had been seized with violent headache which lasted during the night, and did not diminish until ten o'clock in the morning.

He had also had some vomiting, was still suffering from nausea and anorexia. His tongue was coated, the temperature 104.5°, pulse 106, and there was a roseolous rash on his face, hands and chest, which was attended with tingling and itching. His bowels had moved several times during the day; the motions on each occasion being accompanied by pain, and there was slight strangury. I prescribed 20 grains of chloral and an equal amount of bromide of potassium in a draught, which gave him some sleep. At 5.30 p.m. the cephalalgæ returned with increased intensity, and I was obliged to administer a hypodermic injection of morphia to relieve the pain. During the night the patient was several times delirious, and the headache was only controlled by a mixture of liq. morphiæ and spts. chloroform; the chloral mixture being of no use whatever. Next morning there was a lull in the pain, but at 5.30 p.m. a second exacerbation set in; the headache became intense; the delirium was frequent, and the fever ran high. I was struck with the periodical character of the headache and fever, and learning that he had had intermittent fever in the West a few years ago, I thought it advisable to order the patient 20 grains of quinine, to be divided into four powders, and one taken every hour until the headache was relieved. The good effect of this remedy was apparent after the first dose, and by the time the third powder had been taken the severe pain in head left, the fever fell, and the patient slept during the remainder of the night. The next day another powder was given at 4 p.m., and still another at 5 p.m., and there was no

return of the headache. In a few days he was out of bed. The strangury, nausea, and diarrhoea gradually disappeared, but the rash persisted for a long time. This was undoubtedly a case of poisoning by copaiba, and the state of the patient's digestive organs probably hastened the toxic effect of the drug. Whether intermittent headache, fever, etc., are ever features of copaiba poisoning or not I have been unable to discover: if it were so, I imagine it would be difficult, in this instance, to place a proper value upon the fact of the patient's having had ague. It would not be an easy matter to say positively whether the periodic symptoms were due entirely to the copaiba, or whether they could be referred to the previous attack of malarial poisoning.

On the 23th of July, I paid my last visit to S. R., aged 19, convalescent from a six weeks' attack of typhoid fever. His sister and two brothers had attended to him during his illness, and they were more or less tired out from constant watching. On the evening of the 6th of August I was sent for to see the younger brother, aged 12, and I found him in bed with a flushed face, pulse 100, temperature $101\frac{1}{2}^{\circ}$, and a very wearied look about his eyes. He complained of nausea and pain in his abdomen, which was somewhat tender on deep pressure. He was very thirsty, and his tongue was dry and brown. The most noticeable thing about the case was his stools. He had had diarrhoea for three days, and the dejections had become greenish and very offensive. That night (the fourth of his illness) he was slightly delirious.

I believed I had a second case of typhoid in the house, and treated it as such. Fortunately, however, I told the parents of the child that I should have to wait a few days before making a positive diagnosis. At all events there could be no doubt about the *enteric* nature of the fever, for the stools continued to be liquid and offensive; the abdomen became distended and hard; there was an increase of the fever and delirium at night; the tongue got browner, and the patient was getting very much worse. The pains in the abdomen, which were rather constant at first, assumed a colicky character, adding much to the distress of the patient, and there was occasional vomiting and retching.

What the disease would ultimately have been

called, and how it would have ended, are questions not easy to answer, but it so happened that an unforeseen circumstance threw light on the diagnosis and assisted to a prognosis. On the afternoon of the 5th day of the child's illness his sister, while assisting him to use the bed pan, heard something drop with a sharp metallic "click" into the vessel. The boy at once exclaimed, "Oh! I guess that's it."

An examination of the stool proved "it" to be a small model, in copper, of a cricket bat, of the size that is sometimes attached to watch chains. It presented a worn appearance, and in several places there were distinct marks of erosion.

On being questioned the boy confessed that he had accidentally swallowed the copper model, and for some reason or other had been afraid to say anything about it. The patient recovered rapidly, and in a week was running round as if nothing had happened.

ON THE TREATMENT OF SOME FEBRILE DISEASES BY THE EXTERNAL APPLICATION OF COLD.

By T. K. HOLMES, M.D., CHATHAM, ONT.

Read before the Canada Medical Association in London, Sept. 11, 1879.

GENTLEMEN,—I intend in this paper to present for your consideration some observations on the therapeutic uses of cold applied externally. The subject commends itself to me on account of the great efficiency of this agent in properly selected cases, and also on account of the neglect it has suffered at the hands of the profession generally.

There is reason for believing that beyond sponging the bodies of fever patients with cold water for a few minutes night and morning, its employment is seldom resorted to by medical men in general practice. While sponging the skin for ten minutes with cold water may cleanse it, and so render a patient more comfortable, it will not reduce the temperature when much above the normal one half of one degree Fahr. It is as an antipyretic that cold applications will be considered in this paper; it is therefore desirable to inquire into some of the phenomena of the febrile state. No question in experimental science presents greater difficulties than that of the causes of fever and

their mode of action in producing it. By the light already shed on this subject it is justifiable to believe that essential fevers result in most cases from the introduction of a poison into the system, and that its presence initiates that complexus of morbid phenomena known as essential fever. As heat is only a mode of motion, all abnormal elevation of temperature in the animal organism must be the result of excessive motion therein, and is only an index of morbid processes taking place in disturbed cystogeny and retrograde metamorphosis.

An eminent English writer, whose name I forget, believes the heat of fever to be the result of intensely rapid cell generation; but as the elevation of protoplasm to more complex matter is a synthetical process, heat would be used and not produced in accomplishing it. It may be, however, that cells thus rapidly formed, being ephemeral in their nature, undergo equally rapid disintegration, and are decomposed into substances much simpler in chemical composition than the protoplasm from which they were formed, and that the excess of heat so produced over the amount used in the cell formation accounts for the increased heat observed in the pyrexial state. If to heat so produced be added that resulting from rapid retrograde metamorphosis of tissue previously formed, a plausible explanation of the rise in temperature is reached. In whatever way produced, the abnormal temperature becomes the chief factor in a chain of morbid action always injurious and often dangerous.

I have here the heart of a turtle recently removed from the body. It will be observed that when heat is applied by holding the plate over a lamp the pulsations become more frequent, and that placing it on a piece of ice causes the heart to beat more slowly. Placing it again over the lamp the pulsations immediately increase in frequency, and again changing it to the ice the pulsations fall as before. This phenomenon was first observed by Dr. Brunton, and suggested to my mind the propriety of instituting a series of observations on the action of cold applied to the surface of the human body during febrile action.

The result of these observations has convinced me that in the external application of cold we possess an agent that merits far more attention from the profession than it receives.

Although we cannot apply heat and cold directly to the human heart, as has been witnessed in the experiment just made, we can deprive the blood in the superficial capillaries of its heat, and send it back in a cooler stream to the laboring and exhausted heart, and so produce a similar effect to that produced by cold upon the heart of the turtle. The nerves of the heart are not alone susceptible to the influence of heat and cold, but every organ under the control of the great sympathetic responds to the influence of these agents. Nor is this all: it will be shown in this paper that they are also capable of producing by reflex action through the cerebro-spinal system the most marked effects upon the organs normally under volitional control.

The sequence of morbid processes in fever seems to me to be as follows: 1st. The generation within the body of the introduction from without of a poison; 2nd. Excessive molecular motion in tissue undergoing disintegration as a result of the presence of such poison. 3rd. The transmission of the resulting heat to nervous centres by the sympathetic filaments to their ganglia, by afferent nerves to the centres of the cerebro-spinal system, and to both by the blood. 4th. Reconversion of heat into motion, as seen in increased functional activity of the heart, lungs, skin and some other organs, and in some cases in the violent explosions of force as manifested in convulsions of the voluntary muscles.

It will be found on examination that the successful treatment of fever has for its object the arrest of one or all of these diseased actions. We attempt to eliminate the poison that has initiated the train of morbid action, or, failing to do so, we try to arrest the undue metamorphosis of tissue by diminishing the oxygen-carrying power of the blood. We try to allay reflex action in the nervous tissue, or we endeavor to convey from the body the excess of heat generated.

If we succeed in eliminating the poison, or in neutralizing it, the patient is cured, and our aim accomplished, but from the nature of the poison we are often unable, in the present state of medical knowledge, to do either, and so excessive molecular motion goes on, heat continues to be generated in too great amount, and we have no alternative but to interpose obstacles to the passage of oxygen to the tissues.

in which the morbid process is being carried on, and at the same time to aid in the removal of heat as fast as it is generated. The former we accomplish by the administration of various antipyretics, as quinine, veratrum viride, aconite, digitalis, etc., while the latter is best accomplished by abstracting heat from the body by the external application of cold. Heat generally produces such violent action in the circulatory organs as to rapidly exhaust them, and render them incapable of bearing further depression by therapeutic agents, so that many drugs acting as most of those just named are inadmissible. Their action, moreover, is often too slow to render them availing in the preservation of life.

It is under these circumstances that the rapid abstraction of heat becomes of paramount importance in affording relief or in saving life. We know that a temperature of 107° F., or higher, is incompatible with life if continued for even a comparatively short time, whatever the disease may be, and we know of no internal remedy that will reduce it to the health standard as quickly, safely and certainly as cold applied externally.

If a well-developed child, weighing thirty pounds, and having a temperature of 106° F., be placed in a bath of water at 50° F., there will be no perceptible fall in the axillary temperature for three minutes; the mercury will then begin to fall very slowly, and in about fifteen minutes will stand at 98½°, falling much more rapidly the last three degrees. The rapidity with which the temperature falls is not the same in every case, and cannot be prognosticated; it is well, therefore, to always keep a clinical thermometer in the axilla, and remove the patient from the water when the mercury has fallen to 99½°, as there will be a further fall after removal from the bath.

The temperature may be reduced with almost equal facility by sponging the whole body with whiskey or brandy, and fanning the wet skin at the same time to promote evaporation. This method, indeed, is often preferable, as cold water is apt to alarm young patients and is unpleasant. At first it is better to have the bath tepid, and rapidly cool it by the addition of cold water or ice until our object is attained. This precaution is unnecessary when from any

cause the patient is insensible, which is generally the case in infantile convulsions.

The most notable changes that accompany the fall in temperature are those pertaining to the nervous and circulatory systems. The pulse becomes less frequent, slower and softer, nervous excitability is allayed, muscular spasm ceases, sleep is often induced while the patient is still in the water, and is almost certain to supervene on removal from it.

In some cases, the temperature having been thus reduced, there is no subsequent rise, the case progressing to rapid recovery; but in many diseases it is necessary to repeat the bath at such intervals as will be indicated by the rise in temperature.

By keeping the patient in a cool, well-ventilated room, and resorting to the use of the sponge bath and the use of a fan, the repetition of the cold bath will only be required at long intervals, and may not be required at all. Experience has led me to the conclusion that children are more intolerant of increased temperature than adults, and that it is in febrile diseases of the former we can accomplish most by the use of cold externally.

The febrile diseases in which I have found this treatment to be most useful are diarrhœa, dysentery, scarlet fever, acute bronchitis and convulsions complicating febrile action. I have also treated acute pleurisy, pneumonia and cerebro-spinal meningitis in this way, but not a sufficient number of cases on which to base any conclusions. I may say, however, that the cases of pleurisy seemed to be benefited, but the cases of pneumonia and cerebro-spinal meningitis terminated fatally, although not, I believe, on account of the cold water treatment.

A large number of children die every summer from acute diarrhœa. The attack usually comes on suddenly, the stools are frequent, the stomach sick and the temperature high. If seen a few hours from the beginning of the disease the child will be found restless and pained, the stools offensive and unnatural in color, the features pinched and full, the eyes sunken, and often the feet and hands cold. The patient moans and moves the tongue about the mouth in a peculiar manner, and often makes efforts to vomit when no food or drink has been taken. If the case be allowed to go on, the pupils become contracted, the breathing labored,

the extremities colder and bluish in color, the pulse frequent and feeble, the fontanelles depressed, and the child rolls its head from side to side on the pillow. If the axillary temperature of that child be tested, it will almost certainly be found to be between 103° and 106° F., notwithstanding the coldness of the extremities. Such cases must have relief promptly or they will all die. The indications are to rid the bowels of offensive accumulations, to arrest the vomiting, to preserve the strength and to reduce the temperature. Purgatives will seldom remain on the stomach, nourishment and stimulants are rejected in the same manner; it is generally useless to administer anti-emetics, and even if we could wait for the action of drugs that reduce the temperature, they would as a rule be inadmissible on account of their depressing influence on the circulation. If a child in this condition be placed in a cold bath for from five to twenty minutes, according to the heat of its body and the coldness of the water, the temperature will fall to the normal standard, the heart will beat with more force, the thirst will be less intense, the circulation will become equalized, sleep will generally be procured, and the stomach will retain nourishment and medicine. If after a few hours the temperature rise again, the bath can be repeated, but, by allowing the child to lie naked and be sponged and fanned, its repetition may not be necessary, for if, in the meantime, a purgative dose of rhubarb or castor oil be given, the tendency to a rise of temperature will not be so great.

I have frequently seen children, that had tossed and moaned for hours, fall into a quiet sound sleep in the water in a few minutes, and continue to sleep well after being taken out.

As an illustration I have transcribed from my case book the following typical cases.

CASE I. July 27th, 1878.—J. Ellson, æt. 5 months, strong and well nourished, has had diarrhœa for forty-eight hours, and the mother thinks fever also. Looks distressed, temperature 105° F., pulse 130, evacuations greenish and offensive, and about twelve a day. Ordered rhubarb and soda bic. aa gr. iv. every two hours.

28th, 10 o'clock a.m.—The child has not rested, but cries and tosses about incessantly. The extremities cold, and temperature 105° F. No pulse at wrist, breathing labored, fonta-

nelles depressed, eyes sunken, features pinched and bluish, and it refuses to nurse.

Put it into water from the well until axillary temperature fell to $99\frac{1}{2}^{\circ}$, when the child fell asleep. Soon after its removal from the water the pulse returned at the wrist, and the body and extremities became of about uniform warmth.

At 1.20 p.m. the temperature had risen to 104° , and the child was again restless. Repeated bath with same result as first.

29th.—Rested well all night, and has nursed several times. Temperature $99\frac{1}{2}^{\circ}$. Parents had used sponge bath and fan frequently through the night. Stools greenish. Ordered a dose of castor oil and chloral enough to make it rest.

30th.—Passed a comfortable night, and nurses well; has been sponged several times during last twelve hours; temperature $99\frac{1}{2}^{\circ}$. After this an occasional dose of rhubarb and soda was the only medicine given, and the child soon recovered entirely.

CASE II. July 12th, 1876, 10 o'clock a.m.—Caspar Schweinler, a robust child five months old, has had diarrhœa for three days, but not very ill until yesterday, since when it has neither nursed nor slept, but has constantly uttered half suppressed cries. It is pale, hands and feet cool and skin dry. Gave a purgative dose of rhubarb and calomel.

3 o'clock p.m.—Bowels well moved by the medicine, the last evacuation being natural in color. Extremities cold, pulse imperceptible, pupils contracted, face leaden hue, and thirst intense.

The axillary temperature to my surprise was 105° , for I had been deceived by the coldness of the extremities and the general appearance of the patient, and did not expect to find temperature so high.

Gave half a drachm of brandy and put it into a tepid bath, and rapidly cooled it by the addition of cold water. In ten minutes the temperature fell to 102° , and sleep came on for the first time in thirty hours.

When the mercury fell to 100° I removed the child from the water, and it slept most of the afternoon, and was not thirsty. As the temperature fell, the pulse became better and the pupils larger.

8 o'clock p.m.—Temperature 103° , child sleeps well, and looks comfortable. Bath re-

peated, and temperature reduced to 99° in five minutes.

13th, 10 o'clock a.m.—Rested well all night and nurses, temperature 103° . Ordered a dose of castor oil.

11 o'clock a.m.—Child has had two convulsions within last few minutes, is insensible, and temperature $105\frac{1}{2}^{\circ}$. Repeated the bath, and reduced temperature to $98\frac{1}{2}^{\circ}$. After this the temperature never rose above 101° , the bath was not resorted to again, and in a few days the child was well.

CASE III. Bronchitis. Jan. 5th, 1879.—N. Clarke, æt. 14 months, ill five days with what the parents thought an ordinary cold.

I saw it on the fifth day of its illness, and found it with well-marked acute bronchitis, temperature 105° , pulse 140. Abundant râles over both lungs.

For the next five days the treatment consisted of hot fomentations to the thorax with occasional applications of turpentine to keep up slight counter-irritation and the administration of quinine with small quantities of Dover's powder. An aperient was given when required, and the child was allowed to nurse.

The symptoms underwent but little change until the 10th, when great restlessness came on. The breathing was very rapid, and there was constant moaning and rolling of the head. Extremities cold, pupils small, tongue dry, pulse too frequent to count, and temperature 106° .

Fearing the child would die unless relieved promptly, I felt justified in trying the effect of cold externally, which I did by removing hot fomentations, sponging the body with brandy and fanning it vigorously. At the end of half an hour the temperature had fallen to 99° and the patient was sound asleep, pulse slower and fuller, breathing easy and extremities warmer. I then instructed the attendants in the use of the thermometer, with the request to keep the axillary temperature as nearly 100° as possible by the means just used.

11th.—Instructions have been observed, and child has rested well and has not been very thirsty. Temperature 100° , respiration 35, pulse 130. Thinking the disease had passed the climax, and that convalescence would go on, I advised the mother to put on the child a thin night dress and to omit the applications of the brandy.

12th.—The parents informed me that in four hours from the time the sponging was stopped the child became restless and seemed worse in every respect, and that the temperature rose to 104° , when they again resorted to the cold sponging with same beneficial result as before. For the next three days it was necessary to continue the cold applications several times daily, after which time the fever disappeared, and the child made a good recovery.

In my own experience eighty per cent. of all cases of convulsions in children occur during fever, and I believe are nearly always caused by the elevation of temperature alone. The ordinary treatment of such cases is unsatisfactory: chloroform, first recommended by Sir James Simpson, will control the spasms, but in many cases these occur in such rapid succession that no intermission can be perceived; they continue whenever the anæsthetic is stopped, and our only recourse is to continue its administration until the fever yields to medicine or subsides spontaneously. I have followed out this plan of treatment in many cases, often successfully, and frequently not so.

I have notes of four fatal cases in which the inhalation of chloroform was continued from six to thirty hours. The administration of medicine in these cases is always difficult, sometimes impossible, and is generally attempted with risk to the already weakened heart. This is true of bromide of potassium, chloral, veratrum, aconite, &c., while quinine acts too slowly to be depended upon in any severe case; warm or hot baths are sometimes useful when, by inducing perspiration, they reduce the temperature, but every medical man knows that they often fail to arrest the convulsions.

The cold bath fails so seldom that it may be considered a specific. The spasms will frequently continue until the temperature has been reduced to $98\frac{1}{2}^{\circ}$, but at this point they are almost invariably arrested. Several years' experience with this plan of treatment has inspired me with the strongest confidence in its usefulness, and yet a desire not to have its value over-estimated compels me to admit that there are cases in which convulsions will return or continue notwithstanding the reduction of temperature, but such cases are rare, and probably are complicated by organic lesions, as tubercular meningitis.

The following cases will illustrate the com-

parative value of the cold water treatment of convulsions complicating fever:

CASE IV. July 3rd, 1876.—M. A., æt. 2 years, strong and well-developed, was taken suddenly ill last evening with dysentery and fever, which lasted all night, and at seven this morning there was a convulsion. At 8 o'clock I saw him, temperature 103°, restless. Ordered a large dose of castor oil, and one-third of a drop of the fluid extract of aconite every hour while fever lasted. Another convulsion occurred at ten a.m., and another at half-past ten, when I began the administration of chloroform. At noon the oil had operated well. At 2 p.m. the convulsions recurred, and continued for two hours with no intermission, although the patient was partially under the influence of chloroform during the time. At 4 p.m. they were as violent as possible, temperature 105°, pulse 150, breathing noisy and labored, a light frothy foam was constantly discharging from the mouth and nostrils, and death seemed inevitable. I now put child into bath at 50°, and added ice and ice water. In ten minutes the breathing became easier, in fifteen minutes the temperature was 102°, and in twenty minutes 99° and the pulse 110. All spasm had ceased, and the child was replaced in bed. It slept soundly for half an hour, and awoke with no bad symptoms. There was no return of fever, and no further treatment was required.

CASE V. Feb. 5th, 1871.—L. Lamont, æt. 6 years, was first ill this morning with chill followed by fever (malarious).

At one p.m. convulsions came on, and continued without intermission, when she died.

The treatment consisted of warm baths, castor oil, injection to move bowels, bromide of potassium and hydrate of chloral. The temperature the whole afternoon was 104.3. Chloroform was administered part of the time.

CASE VI. Sept. 26th, 1872.—P. T., a strong boy, 8 years old, was well until noon to-day when chill came on followed by fever and convulsions, which still continued when I arrived, at one o'clock p.m. The attendants had just removed him from a warm bath. It was impossible to get him to swallow anything. Applied cold to the head, gave an enema, and put him under chloroform, which controlled the spasms, but they always returned when it was omitted.

The enema acted well, the chloroform was continued, the temperature remained at 106°, the pulse became gradually weaker and more frequent, and after three hours he died.

CASE VII. Oct. 28th, 1876.—C. Gore, æt. one year, was never ill till last evening, when fever came on and lasted all night. At 7 o'clock this morning convulsions began, and lasted without intermission until half-past eleven a.m., when I saw the child, and found him convulsed and senseless, with a temperature of 104°. Used cold bath, and in ten minutes temperature fell 99°, the spasms ceased, and consciousness returned. The child remained well until the following Thursday (4 days), when it again had fever, and convulsions began as before. The parents, having witnessed the beneficial effects of the former treatment, put the child into a cold bath, and in a few minutes he was well and remained so afterwards.

In carrying out this plan of treatment care is required to protect the bulb of the thermometer from contact with the water, by keeping the arm pressed firmly to the side.

The application of cold should not be continued after the temperature has been reduced to 99½°, as there will be a further fall after it has been stopped.

Progress of Medical Science.

ILLUMINATION OF THE CAVITIES OF THE BODY BY A NEW INSTRUMENT—NITSCHKE.

Translated from the German by A. Osterday, M.D.

Not a little sensation is at present excited in surgical circles by the invention of new illuminating apparatus, by which the surgeon is enabled to illuminate all cavities of the body accessible from the outside, as the bladder, rectum, stomach, etc., and inspect in such a manner that he may obtain a precise view of the internal condition of the illuminated cavities. Repeated experiments made by Prof. Dittel, in the presence of eminent surgeons, on living subjects, have proved the extraordinary merits of the invention. Hitherto this apparatus has been used for illumination of bladder, urethra and rectum, and has proved itself most excellent. One may see in the illuminated bladder the smallest piece of gravel, the smallest injected vessel. The operator has not to depend on his manipulations and his sense of touch; if he seeks for stone in the bladder, or treats any other vesical disorder, he will simply inspect and then be sure what the matter is. Suffice it to say that the stomach-illuminating apparatus will soon

have reached completion; its success seems to be assured. The inventor, a Saxon physician, Dr. Nitsche, has been working now for three years in perfecting his idea, and there seems to be no more doubt that he will be perfectly successful. The principle on which these new instruments are constructed differs from the old endoscopes in this, that the light is not thrown by a reflector from the outside into these cavities, but the light source itself is introduced by the instrument into these cavities, to the very spot intended to be inspected. The light source consists of thin platina wire, made and kept white hot by galvanism. To prevent the instrument from growing warm by the glowing wire, a constant circulation of cold water around the wire is kept up. The arrangement of the water circulation and wire is different, according to the anatomical differences of the several organs, but always so that a perfect and equal cooling of the instrument is produced. In this manner we are enabled to illuminate the different cavities with a degree of intensity that has never been reached before. By use of a special optical apparatus, we are further enabled to considerably enlarge the field of inspection, i. e., it is then possible, through long and narrow tubes, to survey with one glance a large area, as by the use of this apparatus a six to nine centimeter ($2\frac{1}{2}$ to $3\frac{1}{2}$ inch) area of the walls of the bladder may be surveyed with the greatest distinctness without moving the instrument.—*Wiener Med. Woche* No. 18, May, 1879.

A MEANS OF LOWERING THE GENERAL TEMPERATURE.

Mr. Spencer Wells, in his lecture on the diagnosis and treatment of abdominal tumors, states that as a means of lowering temperature in cases when it has risen after ovariotomy, he has tried aconite in small doses, quinine in large doses, salicylic acid in the form of salicylate of soda, in fact, almost every medicine that has been suggested as effecting this purpose, but all these trials have ended in disappointment. He has, however, succeeded distinctly in lowering temperature and in keeping it low by the application of ice or iced water to the head. The first trials were made after a suggestion of Dr. Richardson, by putting an ice-bag round the neck. Dr. Richardson believed that by icing blood that went through the carotids to the brain, and blood that came back through the jugulars, we should directly lower the temperature of the brain itself; and probably it may have been done experimentally; but in practice it was not found easy to do. It was difficult to keep any kind of cravat or collar that was tried, filled with ice, round the neck of the patient; it slipped off; and the old India-rubber bag or ice helmet, so well-known in lunatic asylums, had to be resorted to. After a time Mr. Thornton combined a particular form of cap which answers the purpose extremely well. A pail of water with a large lump of ice in it is placed

above the head of the patient, and the stream of iced water runs through the cap, which is formed of a coil of India-rubber tubing lined with linen. That is placed upon the patient's head, and it is made of different sizes and shapes to fit the patient; the other extremity of the tube is put into a second pail at the side of the bed, and by this means the head is iced. The effect in lowering temperature is very marked, the thermometer in almost all instances indicating a fall of temperature within an hour. If the temperature be rising it is checked, and if very high it can be lowered, and so time is gained for the recovery of the patient.

LACTOPEPTINE.

We have given Lactopeptine a full and fair trial, both in private practice and in the hospital department of an asylum which is under our medical care. As a digestive it comes nearer the gastric juice (particularly when combined with a little extra hydrochloric acid) than anything we have ever used. Dyspeptics are generally greatly benefited by its use. In vomiting in pregnancy it has relieved three-fourths of the cases in which we have tried it; and in cholera infantum (chronic) it has been of inestimable service in our hands.—*The Southern Clinic, Richmond, Va., November, 1878.*

TREATMENT IN NIGHT-SWEATING OF PHTHISIS.

William Murrell, M.D., M.R.C.P., Lecturer on Practical Physiology at the Westminster Hospital, Assistant Physician to the Royal Hospital for Diseases of the Chest, in London *Practitioner*:

Sweating occurs in phthisis from two causes—weakness and fall of temperature. When the sweating is due to weakness it may occur at any time, day or night, and is excited by apparently trivial causes. The sweating from fever usually occurs at about three or four in the morning, when the temperature is lowest. These two varieties of sweating may and often do co-exist. The greater the weakness of the patient and the greater the diurnal range of temperature the more profuse the sweating. By checking the sweating the strength of the patient is economized, by preventing, as Dr. Fothergill suggests, the loss of the large quantities of salts which escape with the sweat.

I. *Oxide of Zinc in Night-sweat.*—Probably no remedy has been more extensively employed in the treatment of the night-sweating of phthisis than oxide of zinc. The estimation in which it is held will be gathered from the following extract from Williams' work on Consumption: "The medicine we have found to act almost as a specific on night-sweats is the oxide of zinc in doses of two or three grains in the form of a pill at night. This we have given ourselves and seen others give to thou-

sands of patients, and the good results have generally been so prompt and lasting that in few cases has it been necessary to continue it for any lengthened period."

Oxide of zinc has been so long in use that the origin of the treatment is almost lost in obscurity. It appears that as far back as 1837 Dr. Busse, of Berlin, recorded the case of a gentleman who, after taking a scruple of the oxide daily for some months for epilepsy, became cold and shriveled, and his skin like parchment; but this observation attracted but little attention. Some years later the property of drying the skin was noticed by the late Dr. Robert Dickson, of the Hospital for Consumption at Brompton, in some patients to whom he administered it as a general tonic and for diarrhoea, and this led him to give it with a view of checking nocturnal perspirations. Mr. Verue Edwards, the well-known resident officer at the Brompton Hospital, gave the new remedy an extensive trial in some patients under the care of Dr. John Hutchinson, of spirometer fame, who had temporary charge of the wards. The treatment was then adopted by the late Dr. Theophilus Thompson, who, in a lecture delivered in the spring of 1851, says, "No remedy which I have as yet employed has exercised so uniformly favorable an effect in moderating the perspirations." But he adds, "The preparations of zinc occasionally fail to accomplish the object, and in some instances after succeeding for a time lose their power." Many papers have since been published confirming these facts, but they have thrown no additional light on the subject.

The oxide of zinc is usually given at bed-time in from five to ten-grain doses made up into pill with extract of henbane or conium. The hyoscyamus is said to prevent sickness, and probably exercises an influence allied to that of its more powerful congener, belladonna. The oxide is sometimes given in powder, but in this form is not unlikely to upset the stomach. It must be admitted that even in large doses it not unfrequently fails; some writers say in nearly a third of the cases. I have used it very frequently, but have no notes available for statistical purposes. It is said to check other forms of pathological sweating, as in intermittent fever and acute rheumatism, for example. Sulphate of zinc in two-grain doses will often check the sweating of phthisis, but it has no advantage over the oxide, and is seldom used for this purpose. How the zinc salts act in these cases is not well understood, and our knowledge may be summed up in the vague statement that they are "astringents."

II. *Atropia in Night-sweat.* — Dr. Milner Fothergill, in an interesting article recently published in the *Practitioner*, says: "The most potent of all anhydrotics in my experience is unquestionably belladonna. We are indebted

to Dr. Sidney Ringer for our knowledge of this property of belladonna, and the debt we owe him can only be sufficiently estimated by those who have an extensive experience of phthisis, and who give the drug a fair trial. I have no hesitation in saying that the use of this agent completely changes the aspect of many cases of pulmonary phthisis. For the arrest of the exhausting night-perspirations of phthisis belladonna is as potent as digitalis is in giving tone to a feeble heart." Dr. Ringer was led to try the influence of belladonna on sweating from the remarkable power it exhibits of checking the secretion of milk when applied to the breast. Soon after the publication of his papers I made, at his suggestion, some observations with the view of testing the value of hypodermic injections of small quantities of atropia in checking the sweating of phthisis. The drug employed was the sulphate, the dose from $\frac{1}{800}$ to $\frac{1}{160}$ grain. The conclusions were arrived at as the result of experiments made on sixty patients, who were seen at least twice a day, morning and evening.

Age, sex, and temperament in no way influenced the results obtained; the injections were successful in men and women, in young and old.

The presence or absence of fever did not influence the result. In nearly all the cases there was some elevation of temperature; in some it was but little above the normal, while in others it ranged from 102° to 103° F., or even higher.

The beneficial effects of the treatment are not confined to any particular stage of the disease.

The presence or absence of debility does not affect the result; in some cases the patients were in bed, suffering from great prostration, while in others they were well enough to be out of doors the greater part of the day.

The fact of the perspiration having or not having commenced at the time of the injection is of no importance. In a case in which the patient was perspiring very profusely over the whole body an injection was given; in five minutes the perspiration was very much less, and at the end of half an hour his skin was quite dry.

The benefit derived from the injection lasts in most cases for several nights, so that it need not be repeated every day. An injection once a week or once in ten days will often suffice to keep the perspiration in check.

In many cases the effect of the drug is delayed, no benefit being experienced on the first night; but on the second and succeeding nights the sweating is completely checked. The beneficial effects of the drug, when lasting several nights, appear to pass off gradually, the perspiration coming on earlier and earlier every night. Thus it was noticed that $\frac{1}{100}$ grain given

at bed-time would often produce no effect that night; on the next night, no further injection being given, the perspiration would be completely stopped; on the third night the patient would be free from perspiration till five or six in the morning; on the fourth night it would begin at two or three in the morning; while on the fifth and subsequent nights it would be as bad as ever.

It is not essential to give the injection at bed-time; in fact, in some cases when the action of the drug is required on any particular night, the earlier in the day it is given the more likely it is to prove successful. Sometimes too when the drug is given at bed-time partial relief is obtained on that night, while on the second and subsequent nights the full effects of the drug are experienced.

The injection of atropia has been used with success where oxide of zinc, gallic acid, and other drugs have been tried in vain. The $\frac{1}{100}$ grain will often succeed where $\frac{1}{300}$ grain has failed. One injection may completely stop the perspiration; and although the patient remains under observation for some weeks, there is no complaint of its return. These cases are not common, but it not unfrequently happens that after a few injections the perspiration, although not completely stopped, is checked to such an extent as to render further treatment unnecessary. An injection of atropia will often relieve cough when in excess of the amount of expectation, and thus enable the patient to obtain a good night's rest; but it is not only in this way the perspiration is checked, for night-sweats are benefited when there is not much cough and the patient sleeps well. Patients rarely complain of any unpleasant symptom even when the larger dose is given. Dryness of the throat is a condition so common in sufferers from phthisis that any increase in this symptom, unless very marked, will pass almost unnoticed.

The number of cases in which marked and permanent benefit is not derived even from these small doses does not amount to more than eight or ten per cent. The observations having been made for experimental purposes, the drug was given hypodermically; but in practice it would be found more convenient to give it by mouth in a proportionately larger dose. It may be given in pill, or in solution, or in granules. It is stated by Dr. Aquilla Smith that a solution of sulphate of atropia in camphor-water (made with distilled water) will not spoil by long keeping. As to the dose, Dr. Fothergill usually commences with $\frac{1}{75}$ grain by mouth, and increases it to $\frac{1}{25}$ grain. Speaking from a large experience of the drug, he finds that it may be freely used without apprehension as to any serious toxic effects appearing. "Even with $\frac{1}{25}$ grain of atropine the patients," he says, "do not complain much; some dry-

ness of the throat and a little indistinctness of vision being all; while all prefer these to their dreaded sweats. These effects wear off in a day or two after the drug is discontinued or even the dose reduced. I have not yet seen any alarming symptoms produced. This I attribute to the gradual increase of the dose; and I have but little doubt that if $\frac{1}{2}$ grain were given at first many cases would show marked toxic symptoms." Dr. J. M. Williamson mentions a case in which the eightieth of a grain given by mouth produced severe symptoms of poisoning. M. Valpian employs granules each containing half a milligram (about $\frac{1}{300}$ grain).

Atropia will stop other forms of sweating, such as the sweating of acute rheumatism, prolonged suppuration, convalescence, etc. Atropia and belladonna check sweating by a peripheric action on the sweat-glands, but it is not unlikely that they have also a direct central action.

III. *Gallic Acid in Night-sweat.*—Gallic acid is a useful remedy for night-sweating. It is especially indicated where the patient also suffers from slight but frequently recurring hemoptysis or from diarrhea. It is best given in a ten or fifteen-grain dose either at bed-time or three times a day. It is often made into pills with extract of hyoscyamus, the henbane in all probability exerting its own specific influence.

IV. *Quinine in Night-sweat.*—Quinine is another useful remedy. It proves of most avail when there is a considerable rise of temperature at some period of the day. It is frequently given in two-grain doses, but five grains are much more likely to succeed. A large dose (eight or ten grains) administered at once or in portions repeated hourly is a good form. A night-draught composed of quinine, sulphate of zinc, and sulphuric acid is also useful (Ringer). It has been suggested that quinine checks profuse perspiration by depressing the vaso-motor dilating nerves, and so contracting the blood-vessels. This explanation is probably incorrect.

V. *Iron in Night-sweat.*—The different preparations of iron have long been used in the treatment of pathological sweating. Sir Thomas Watson says: "I have frequently succeeded in checking the wasting sweats of phthisis by the tincture of perchloride of iron, given in doses of twenty minims thrice a day, after other expedients had failed me. Steel-wine, the ammonio-citrate of iron, the syrup of its iodide, are all good and eligible forms." Reduced iron made up into five-grain pills often succeeds admirably. In a case recently under observation it stopped the sweating after Dover's powder and oxide of zinc had failed. The patient—a young man—had softening at both apices, and had suffered from profuse night-sweats for six or seven weeks. He took

Dover's powder nightly for five weeks, the dose being gradually increased from one to fifteen grains without any improvement. During the next three weeks he took ten grains of oxide of zinc every night at bed-time, with very little benefit. He was then ordered two five-grain reduced iron pills nightly, and in a week the sweating had almost ceased. The great disadvantages of iron is that in many cases it is not well borne. Too often it increases the cough, occasions headache and heat of skin, and distresses instead of relieving the patient.

VI. *Nitrite of Amyl in Night-sweat*.—I have recently made, at Dr. Ringer's suggestion, some observations on the influence of nitrite of amyl on the night-sweating of phthisis. The patients were seventeen in number, all adults—thirteen men and four women. All stages of the disease were represented; in some cases there was considerable elevation of temperature, while in others the lung mischief was latent. The majority of the patients were seen daily for some weeks, and some were under observation for three months. The medicine was given internally at bed-time, the dose varying from a half to three minims. For convenience of dispensing, a one-in-ten solution in rectified spirit was usually employed, but in some cases the amyl was given in suspension in water or on sugar.

In three out of the seventeen cases no benefit was experienced from the treatment. These patients were all men. One had suffered from profuse perspiration all his life, not only at night, but also in the day-time, and he was covered with moisture on the slightest exertion even in the dead of winter. The amyl was given nightly in minim doses for a fortnight without checking the perspiration in the slightest degree. He had previously been treated unsuccessfully with oxide of zinc, hypodermic injections of atropia, and other drugs. On one occasion he was freely rubbed all over with belladonna liniment till his pupils were fully dilated, but the sweating continued as before. The second was a case of advanced phthisis, in which the amyl was given nightly for a fortnight in doses varying from one to three minims, without benefit; oxide of zinc subsequently failed. In the third unsuccessful case the patient had hemiplegia and tertiary syphilis, in addition to his lung mischief. The amyl was taken in drop-doses for eight nights, and seemed rather to increase than to diminish the amount of perspiration; in this case too oxide of zinc was given without benefit.

In the remaining fourteen cases the treatment was successful. The most striking case was that of a young man who had suffered severely from night-sweating for six weeks. A single dose of the amyl stopped them at once and completely for a fortnight. The perspirations then returned, and a single dose again kept

them in check for a fortnight. For a third time this was tried, and with like result. It may have been a mere coincidence, but it certainly appeared to be the result of the treatment. In the majority of cases the treatment was less successful. Usually on the first night little or no benefit was experienced; on the next night the perspiration was less; and it gradually decreased in severity night by night till at the expiration of a fortnight it had nearly if not wholly ceased, and the patient was able to discontinue the medicine. At the expiration of about a week the perspiration would return, and it would be necessary to give the medicine again. One of these patients had renal disease in addition to the lung mischief, and another had frequent hemoptysis. The others were simple cases of phthisis. Most of them were able to take outdoor exercise, but two or three were confined to bed.

Nitrite of amyl is a good remedy for night-sweats, but for promptness of action is decidedly inferior to atropia and other remedies.

VII. *Local Applications for Night-sweat*.—Dr. Druitt finds that in the night-sweats of phthisis sponging with hot water gives relief, especially if the perspiration begin, as it often does, on one special part of the body by preference, as the chest, hands, or feet. By hot water is meant water as hot as can be borne without pain. It may be used by sponging or immersing, and must be continued till the parts treated are hot, red, and tingling with heat—almost scalded in fact. A good wipe with water at 130° is easily borne; for immersion the heat must be less; but the feelings are the only guide. Dr. Druitt also recommends this mode of treatment when there is a general tendency to perspire to a distressing degree in hot weather, the patient being in good health; and also when there is a tendency to distressing perspiration of some particular part, as the axillæ, hands, feet, etc.

Dr. Robinson Hill recommends sponging the chest with salt solution at bed-time. He finds that in many cases it arrests the night-sweats most completely and satisfactorily.

Sponging the chest and limbs at bed-time with aromatic vinegar and water is also useful, but has its disadvantages. Dr. Elliotson speaks well of a mixture of sulphuric acid and water—a drachm to the pint—as a wash.

The application of belladonna is useful for local sweatings, but when the sweating is general the internal administration of atropia is to be preferred.

AGARICUM IN THE NIGHT-SWEATS OF CONSUMPTIVE PATIENTS.

Professor Peter says, in his lectures on the treatment of tuberculosis (*Bull. Gén. de Thérap.*, March 30, 1879), that agaricum is one of the most efficient

drugs for curing the debilitating night-sweats of tuberculosis. The drug is not new; it was first mentioned by De Haen, and Andral experimented with it in the Hôpital de la Pitié. He proved that it has the power of preventing the sweating, and that it may be given in doses of two grammes without provoking any digestive trouble; a dose of three grammes induced an attack of diarrhoea. He used to give it in doses of 20 centigrammes. Trousseau ordered the same dose to be taken two hours before bedtime, and always found it answer very well, except in cases of very great cachexia, where the sweating was much reduced, though not entirely suppressed. Peter gives it in doses of from 20 to 30 centigrammes with good effect. He illustrates its power by several cases in which it has proved efficient, of which we here quote the case of a young man who suffered from consumption, and had very profuse night-sweats. After entering the Pitié, these sweats continued during the daytime also, and the patient was much reduced by them. Twenty centigrammes of agaricus were given him, and the night-sweats disappeared. The treatment was continued, and, six weeks later, the patient had regained flesh, felt much better, and left the hospital.—*London Med. Record*, July 15, 1879.

THE USE OF IRON IN CERTAIN STAGES OF CARDIAC DISEASE, AND THE ADVANTAGE OF COMBINING CHLORIDE OF AMMONIUM WITH IRON.

In a very interesting and instructive paper (*Practitioner*, August, 1879) Dr. T. Grainger Stewart, Prof. of Practice of Physic in the University of Edinburgh, draws attention to two points. First, that in certain cardiac cases, particularly those in which the aortic valves are diseased, a peculiar condition sometimes arises which demands for its treatment large doses of iron. Second, that in some cases, both belonging to the above group and of other kinds, the reception of iron by the system is greatly facilitated if chloride of ammonium be administered along with it.

In illustration of both points he cites the following case:—

Neil McLeod, a seaman, 33 years of age, was admitted to the Royal Infirmary on the 23d October, 1877, complaining of breathlessness on exertion, giddiness, palpitation and pain in the region of the heart. In 1867 he had suffered from rheumatic fever, but was not aware that any cardiac complication had then existed. In 1875 he observed that his strength was failing, that he became breathless on exertion, was apt to cough, and often had passing fits of giddiness. These symptoms rapidly increased, and he soon felt himself unfit for duty.

At different times he was under treatment in the infirmary at Calcutta, and in Greenwich Hospital, and although he made each time a temporary rally, he soon fell back, and on the whole the debility, breathlessness, and pain were gradually increasing.

The exacerbation of illness which led him to seek

admission to the infirmary had been induced partly by hard work while employed in a coasting vessel scarcely seaworthy, and partly by intemperance.

On admission his face was pale, his expression anxious, his eyes were somewhat staring, his lips slightly livid. His temperature was normal, and beyond flabbiness of tongue and some feebleness of digestion, there was no disease of the alimentary system. The liver dulness was increased, measuring seven inches in the mammillary line, and the organ was tender on pressure. There was some bulging in the præcordial region. The apex beat of the heart was felt strong and diffused, the area of dulness of the heart was increased. On auscultation in the mitral area, a loud, harsh, systolic bruit was heard, propagated towards the axilla and inferior angle of the scapula. There was also a slight diastolic murmur. In the tricuspid area there was a short systolic murmur and a prolonged diastolic. In the aortic area the first sound was weak and impure, there was also a loud high-pitched diastolic murmur propagated down the sternum to the ensiform cartilage. In the pulmonary area the second sound was accentuated. The pulse was forty-six per minute, weak and compressible, and even in this condition presented something of the water-hammer character, although much less distinctly than it did at a later period in the history of the case. There was no dropsy, and the urine was natural.

There could be little doubt that the valvular lesions had originated in connection with the rheumatic fever, and it was clear that these lesions were incompetence of the aortic and mitral valves, with impairment of the muscular power of the heart. All the other symptoms, the general poverty of blood, the cerebral anæmia, giddiness, and general distress, were secondary to these. The indications for treatment were to obtain rest, to support the strength, and in particular to strengthen the heart and improve the condition of the blood. If these indications could be met, it seemed likely that the symptoms due to anæmia and deficient nutrition of the brain would disappear, and that on their disappearance the patient would be comparatively well. With the view of meeting the first indication, the patient was directed to remain in bed; the second, food rich in nitrogen, and in quantities small at a time but frequently repeated, was ordered; and the third, perchloride of iron in full doses was prescribed. At first twenty minims of the tincture were given three times a day, but the doses were gradually given more frequently until he was taking five or six in the twenty-four hours. It was at once apparent that these measures were doing good. The pallor became less marked, the giddiness and headache less troublesome. But some functional derangement of the stomach and liver set in, the tongue became furred, the appetite impaired, the liver somewhat more enlarged from increased congestion, and the headache became again more severe; the patient's condition thus continued to be manifestly perilous. In these circumstances, instead of abandoning perchloride of

iron, I added to it chloride of ammonium in doses of half a grain to each minim of the tincture. This was followed by the best results, for the gastric and hepatic symptoms rapidly disappeared, and for a considerable time the patient went on taking the mixture six times a day, so that he used two drachms of the tincture of perchloride of iron daily, without exhibiting the slightest sign of gastric or hepatic disturbance.

As a result of this treatment, to quote the words of Mr. Henry Handford, M.B., the clinical clerk, "a gradual but marked improvement in his general condition took place. His face lost its anxious expression, the palpitations became less distressing, the action of the heart less tumultuous, although still not quite regular. The pulse became much stronger and more frequent—seventy in the minute—and more characteristic of aortic regurgitation. The aortic diastolic murmur became less loud, but nevertheless was quite distinct. The mitral symptoms remained unaltered. The congestion of the liver was not so great, as shown by a decrease in the vertical dullness. The transverse dullness of the heart was unaltered." It may be added that the pallor and the signs of cerebral anæmia became less marked, and the patient left the infirmary in a condition which enabled him to resume his occupation.

This case afforded an example of a condition by no means uncommon, but of which Dr. Stewart has been unable to find a satisfactory description in books. The first glance at the patient leads one to notice the pallor, the very anxious expression, the restlessness, the pale lividity of the lips, the throbbing of the carotids, and perhaps of the temporal arteries; whilst the patient complains of giddiness, perhaps of headache, certainly of breathlessness, and of a debility that amounts at times to faintness. He is somewhat relieved by food, and unless there is some dropsical effusion to prevent it, he is easier in the recumbent position. But he obtains very little sleep. The explanation of his various symptoms is readily found. The pallor and the head symptoms are due in part to anæmic deterioration of the blood and partly to imperfect filling of the arteries supplying the face and brain. The throbbing is due to the ill-filled condition of the arteries, contrasting with their sudden temporary filling during the ventricular systole; while the breathlessness and the lividity are connected with the dilatation and the partial failure of the heart's action. Sometimes the distress is aggravated by the existence of dropsical effusion, and it seems to be specially severe when the pericardium is its seat. Such cases sometimes prove rapidly fatal by sudden syncope, and sometimes death follows upon a long agony, characterized mainly by symptoms of cerebral anæmia. These cases do not seem ever to recover spontaneously.

Treatment by the administration of cardiac tonics, and especially of iron, leads in many cases to decided improvement. The form which Dr. Stewart finds best is the tincture of perchloride, but it must be given in large quantity. He has gradually been led to give it in larger doses; sometimes even to the

amount of twenty minims every two hours, more frequently every four hours, continuing its use for days together. In many cases the patients speedily experience relief, and before long there is manifest improvement. As in the patient whose history is given, they are enabled after a time to leave the hospital and return to work.

But there is great difficulty in carrying out this plan of treatment from the gastric and hepatic derangement which so frequently follows upon the use of iron. During the past two years Dr. Stewart has sought to meet this difficulty by combining chloride of ammonium with the iron, according to the suggestion of a medical officer of the Indian service, to the members of which we are so much indebted for our knowledge of the value of that salt in hepatic affections. During that time he has repeatedly been thus enabled to administer iron in large doses in combination with chloride, to patients who otherwise could scarcely have used iron. It will be observed that in the case now recorded, the iron speedily led to dyspeptic symptoms, so that it was impossible to persevere with its use. But the addition of the chloride both relieved the existing dyspepsia and enabled us to continue to administer the iron in large doses, and for a considerable time. So far as he can judge, iron is the only remedy which could have saved the life of the patient at the time, and but for this effect of the chloride of ammonium, he does not know how he could have administered iron so freely as to suffice.

But the combination of perchloride of iron and chloride of ammonium is useful not in cardiac cases only.

Dr. Stewart narrates two cases, of which notes have been given him by his friend, Dr. James Ritchie.

A lady, aged 62, suffering from carcinoma uteri, had frequent attacks of metrorrhagia which had produced profound anæmia. The tincture of perchloride of iron was prescribed, but it produced so much gastric irritation that it had to be discontinued. After the stomach had recovered she was again ordered tincture of perchloride, with the addition of ten grains of the chloride of ammonium to every twenty minims of the tincture. This mixture was well received by the stomach, and was continued for some weeks without the slightest disturbance of digestion.

Again, a boy of 13, of feeble and rather strumous constitution, suffered from sore throat, gastro-intestinal disturbance, headache, giddiness, and almost daily epistaxis. The liver was enlarged so as to extend down nearly to the umbilicus, was tender, and had an uneven surface. The spleen also was enlarged, and projected three inches beyond the costal cartilages. Microscopic examination of the blood showed marked increase of the white corpuscles, with great diminution of the red, and an unusual amount of granular material. In this case it seemed highly probable that the iron alone could not be received, and accordingly the combination of iron and chloride was administered. The medicines

were well borne, and speedy improvement of the general condition took place.

TREATMENT OF INFANTILE DIARRHŒA.

At a late meeting of the Medical Society of the County of New York (*Med. Record*, July 26, 1879) Dr. A. Jacobi read an instructive paper on the above subject, from which the following extract is made.

The preventive treatment of diarrhœa, depending on defective alimentation, consisted in so changing and arranging the milk used for babies that the casein would not coagulate in large lumps, and thus become more digestible. That object could be obtained by adding such farinaceous food as did not contain much starch. It consists in diluting the boiled and skimmed milk with barley-water or oatmeal gruel. It must be boiled to check its tendency to become sour, to remove a portion, though small, of its casein and fat, and to expel the gas contained in the raw milk to the amount of three per cent.

Of the two, he preferred barley for general use. He recommended that the barleyscorn which was employed for infant diet should be ground as thoroughly as possible in a coffee-mill, both in order to diminish the period necessary for cooking it, and also in order to retain the gluten. *It was even preferable, for very young infants, to cook the barley whole for hours,* thereby to burst the outer layers of cells, empty their contents, and then, by straining, to get rid of the larger part of the starch which was found toward the centre. There was no danger to which little children were so liable as that which arose from their tendency to diarrhœa. His advice, therefore, was to administer barley to children who manifested a tendency to diarrhœa and oatmeal to those having a tendency to constipation, and whenever a change occurred in the intestinal functions, to give one or the other, according as constipation or diarrhœa predominated.

He held that mixture to be the *conditio sine quâ non* of the thorough digestion of the milk. It only would insure the proper nourishment of the infant. With that food alone he had seen children endure the heat of summer without any attack of illness whatever. He had occasion again and again to be convinced of the reliability of the mixture. It had the advantage, too, that it necessitated no dependence upon the honesty or competence of the apothecary or manufacturer, but could be prepared by any one, however poorly situated. Should a slight diarrhœa occur, or a little casein be vomited (a rare accident, to be sure), or casein occur in the stools, then all that was necessary was to diminish the proportion of milk. It might sometimes be necessary, though very seldom, to withdraw

the milk entirely for a time, but only in cases of real illness. If the physician or attendants had properly apportioned the ingredients of the mixture, we might be rather sure that the child's digestion and assimilation would be regular and normal. Infants that were partly nourished at the breast almost invariably thrived well with the addition of this mixture. Children, from their fourth or fifth month and upward, might often be fed with it exclusively, and not unfrequently nothing else was given from the day of the birth.

The addition of barley or oatmeal for the purpose of rendering milk digestible was not, however, absolutely indispensable, though he had learned to prefer them, for gum arabic and gelatine were also very valuable ingredients, indeed, of infant foods. Dr. Jacobi then dwelt at some length upon the changes which gum arabic and gelatine undergo when put into the stomach.

Curative Treatment.—The amount of food should not be larger than we had reason to expect could be easily digested. At all events, either lengthen the intervals between the meals or reduce the quantity of food given at one time, or both. When diarrhœa made its appearance in infants who had been weaned, it was desirable to return them to the breast. Those who never had breast-milk might be given the breast if they could be induced to take it, but only rarely would that be found possible. Whenever a child at the breast be taken with diarrhœa, the passages from the bowels should be studied as to their contents. If a certain amount of curd was found in them, the least that was to be done was to mix the breast-milk with barley-water. That might be done in such a manner that, each time before nursing, one or two teaspoonfuls of barley-water was given the child, so that the farinaceous food and the breast-milk mixed in the stomach. Or, it might be found advisable to alternate breast-milk and barley-water. In bad cases, particularly when the milk was found to be white and heavy, and contained a great deal of casein, it would be found necessary to deprive the child *altogether* of its usual food. In such cases, the child would do better on barley-water alone (that to be continued for one or two days), than to expose it to the injury which would certainly follow the continuation of the casein food.

When diarrhœa occurred in children who had been fed alone upon cow's milk, unmixed or mixed, it was necessary to reduce the quantity of cow's milk in the mixture. As a rule, we had to remember that cow's milk alone was apt to produce diarrhœa, and it should be considered as a maxim that, whenever diarrhœa made its appearance, the amount of cow's milk given to the child should be reduced. When a mere reduction of the quantity did not suffice, it was very much better to deprive the child of milk

food altogether. Not infrequently the removal of milk from the bill of fare was the only thing which would restore the child to health. It was possible that a mixture, such as recommended by Dr. Rudish, already mentioned, would be found digestible, even in such cases. In many cases, as a dietetic measure, it would be found advisable to add one or two tablespoonfuls of lime-water to each bottle of food with which the child was supplied.

In those cases in which barley-water did not seem to suffice as a nutriment, or where it would be dangerous to allow children to lose strength, a mixture which he had used to great advantage was the following: Mix the white of one egg with four or six ounces of barley-water, and add a small quantity of table salt and sugar, just sufficient to make the mixture palatable. The child could take this either in large or small quantities, according to the case.

In those cases in which the stomach was irritable, and vomiting had occurred, it was now and then better to give a small quantity, even one or two teaspoonfuls, and repeat the dose every ten, fifteen, or twenty minutes, than to give larger quantities at longer intervals.

In those cases in which the strength of the child has suffered greatly, he recommended the addition of brandy to the mixture in such quantity that the child would take from one drachm to one ounce (grms. 4.0 to 30.0), more or less, in the course of twenty-four hours.

In those extreme cases in which the intestinal catarrh was complicated with gastric catarrh, where the passages were numerous and copious, and vomiting constant, where both medicines and food were rejected, there was frequently but one way to save the patients, and that was to deprive them *absolutely* of everything in the form of either drink or food or medicine. It was true that such babies would suffer greatly from thirst for an hour or two, but it was a fact that, after two or three hours, those children would look better than before the abstemious treatment was commenced. Not infrequently four or five hours of total abstinence would suffice to quiet the stomach and diminish both the secretion and the peristaltic movement of the intestinal tract. In some cases *six* or *eight* hours of complete abstinence would be required; or such children might be starved for even *twelve* or *sixteen* hours, with final good results. The first meals afterward must be quite small, and they would be retained, and, as a rule, such children would subsequently do well.

Dr. Jacobi here enforced the necessity of supplying the patient with as much cool fresh air as possible. The worst out-door air was better than close in-door air. If possible, the children should be sent immediately to the country and into the mountain air.

The second indication consisted in the removal

of undigested masses retained in the intestinal tract. Not only in cases in which the diarrhoea had resulted from previous errors in diet of the child, but also in those cases dependent upon sudden changes of temperature and exposure, it was desirable to empty the intestinal tract. For that purpose castor oil, calcined magnesia, or calomel might be used.

Third. Nothing should be given that contained salts in any sort of concentration. Thus, beef-tea should be avoided. It must be remembered that that form of meat-extract contained a very large amount of salts, and that the direct effect of those upon the intestinal canal might be productive of very unpleasant consequences. If the people insisted upon giving it, and there was no special contraindication to its use in a given case, it should be administered only in connection with some well-cooked farinaceous vehicle, and the best of all for that purpose was barley-water; or it might be mixed with beaten white of egg, but no more chloride of sodium should be added. For the main danger in beef-tea was the concentrated form in which its salts were given.

Fourth. Everything should be avoided that increased peristaltic motion. Thus, carbonic acid and ice internally.

Fifth. Avoid whatever threatened to increase the amount of acid in the stomach and intestinal tract. There was so much much acid in the normal, and still more in the abnormal stomach and intestinal tract, that it was absolutely necessary to *neutralize* it. For that purpose it was safer to resort to preparations of calcium than of sodium or magnesium. So far as lime-water was concerned, its administration, certainly, was correct chemically. But we should not place too much reliance upon that popular remedy. We should not forget that it contained about one part of lime to eight hundred of water, and that it was necessary to swallow at least *two* ounces of the fluid in order to obtain a single grain of lime.

A further indication was, *the necessity of destroying ferments*. For that purpose most metallic preparations would do fair service. One which had been extensively used was *calomel*, and now in *small doses* frequently repeated— $\frac{1}{10}$, $\frac{1}{4}$, or $\frac{1}{2}$ a grain every *two* or *three* hours. As to its effect as an antifermentative, there could be no doubt.

Nitrate of silver, when given for the same purpose, should be *largely diluted*. From $\frac{1}{10}$ to $\frac{1}{15}$ of a grain dissolved in a teaspoonful or tablespoonful of water, might be given every *two* or *three* hours, and not infrequently with fair result. That was especially important with regard to injections of nitrate of silver into the rectum, where it was apt to do as much harm as good. Whenever it was to be given in that way, the solution should be mild and largely diluted, or the anus and its neighbourhood should be

washed with salt water before the injection was administered.

Bismuth acted very favourably. Moderate cases of diarrhoea would usually show its effect very soon. Doses of from $\frac{1}{2}$ to 2 or 3 grains, given every two or three hours, would act very favourably indeed. In those cases in which the diarrhoea had lasted for a long time, the doses of bismuth should be large in order to be certain of immediate contact of the drug with the sore surface.

A final indication was the depression of the hyperæsthesia of the general system and of the intestinal tract in particular. There had been authors who condemned the use of opium altogether, which, certainly, was incorrect. The doses should be small, and they might be repeated frequently. Administered in that manner, opium could be used with perfect safety both internally and in an enema. One of the rules for giving opium was that the child should not be waked up for the purpose of taking the medicine. Whenever there was fear of collapse, it was safer to give $\frac{1}{30}$ of a grain every half hour or hour, than to administer $\frac{1}{30}$ of a grain every two hours.

Alcohol.—Small and frequent doses would certainly stimulate the nervous system, digestion, and circulation, and they also stimulated the skin and increased perspiration. Alcohol, given in that manner, certainly arrested fermentation. Moreover, it took the place of food, and acted favourably as food when no solid carbohydrates were tolerated by the intestinal tract. As it was absorbed in the stomach, so did it protect the intestinal tract.

Finally, it is necessary to reduce the amount of secretion taking place from the surface of the intestinal tract. For that purpose astringents might be used, such as alum, lead, tannic acid, perntrate of iron, and, what had already been spoken of, nitrate of silver. In all those cases in which the stomach participated in the process to any considerable extent, almost any astringent would prove ineffective. To fulfil several indications at the same time, it was often good practice to combine remedies.

The main indications were to neutralize acids, to reduce nervous irritability, to arrest secretion, and to change the condition of the surface of the catarrhal mucous membrane.

For that purpose, in the generality of cases, he combined bismuth, opium, and chalk, according to the following formula: *R.* Bismuth subnit., gr. i; Prepared chalk, grs. ij; Dover's powder, gr. $\frac{3}{4}$.

That combination was suitable for a baby ten or twelve months of age, and the dose could be repeated every two hours. In all those cases in which acid was very abundant, it was necessary to increase the doses of antacids without necessarily giving large doses of opium.

Hot bathing was especially serviceable in

those cases in which the surface was cool and the temperature of the body, measured in the rectum, was pretty high. To relieve intestinal pain, plain warm fomentations; to relieve heat, cold applications were sufficient.

Camphor stimulated the heart, and reduced temperature, and might be used internally or subcutaneously according to the necessities in the case. For subcutaneous injections it might be dissolved in either oil or alcohol. The effect derived from camphor as a stimulant was not permanent, but very much more so than that produced by carbonate of ammonia. The dose might be from $\frac{1}{4}$ to $\frac{1}{2}$ a grain every hour or two, when only a moderate stimulation was required. In urgent cases it might be given in doses of from five to ten grains in the course of an hour, and usually the effect would be favourable. It was, however, only in cases in which real collapse was present that doses of five or ten grains would be required.

There was no remedy that would act more favourably in conditions of great debility and collapse than *musk*. It might be given in doses of five or ten grains, and repeated every half hour or hour. More than two or three such doses would not be required to yield a result.

THE USES OF THE HOT-WATER DOUCHE IN PARTURITION.

Dr. ALBERT H. SMITH, in a paper read before the Philadelphia County Medical Society (*Phila. Med. Times*, Aug. 16, 1879), claims as facts proven by experience that the hot-water douche (110° to 115°) thrown upon the cervix uteri or the rim of the undilated os will stimulate contraction of the longitudinal and oblique muscular fibres of the uterus into an expulsive effort, while the circular fibres surrounding the os relax under its influence; 2d, that a similar douche thrown into the cavity of the relaxed and bleeding uterus, after the expulsion of the fœtus or the placenta, will produce prompt and vigorous condensation of the uterine walls, with an immediate closure of the sinuses; and, 3d, that a like application to a bleeding surface from laceration in the passage of the child through the pelvic canal will arrest the hemorrhage at any point, whether it be from a tear of the circular artery in the cervix, or from rupture of the vascular tissues upon the anterior margin of the vulva about the vestibule, or from the furrows upon the posterior wall and the labia.

Dr. Smith has found the application to the cervix of the hot douche thoroughly and rapidly effectual in the first stage of normal labour at full time, almost equally rapid in a rigid condition in an accidental premature labour, and more slowly—though with ultimate effect,—in the induction of labour in a quiescent uterus. The method of application is simple. The pa-

tient should lie upon her back, with a bed-pan placed far under her sacrum, so that there should be no danger of the water getting upon her clothing.

The injection should be thrown into the vagina with a syringe with a rubber tube and metal nozzle with a large hole in the end, and Dr. Smith prefers the Davidson bulb-syringe, as the stream can be driven with more force, and with the intermittent action necessary with that instrument. A quart to three pints of water medicated with 5ij of 90 per cent. solution of carbolic acid, or 3ss of Labarraque's solution should be thrown into the vagina. The pipe being directed *against* the cervix, not into it. The douche may be repeated every hour or two, according to the demands of the case, or the violence of its results.

The condition in which we get the most signal effects from the douche is that of uterine inertia after the placenta delivery, and in this condition Dr. Smith is inclined to think that we have an absolutely reliable agent to control bleeding—an agent which may reduce the terrors of post-partum hemorrhage, and make its fatal termination an almost impossible event if applied at any time while power of reaction is not entirely exhausted.

The nozzle should be carried on the index finger into the vagina, while the opposite hand grasps firmly the uterine globe. The fingers in the vagina may be moved about freely to break up clots rapidly, there being sometimes a complete distension of the vagina with firm, hard coagula. The stream is kept up continuously, washing out as fast as the clots are loosened; the nozzle is to be carried to the os uteri, and directed into the orifice. If the coagula in the uterus are loose and not abundant, the force of the stream may be sufficient without carrying the finger into the uterine cavity; but if the hemorrhage has been great, and the uterus largely distended, it is better boldly to introduce the pipe, guarded by the finger, and moving it around gently, let it, with the aid of the stream, detach from the intra-uterine surface all shreds of membrane or small coagula which may be found adherent to the surface, and which, if not removed, will act as centres of coagulation. While this is going on, the hand upon the uterine tumour feels it steadily and, generally, instantly contracting, condensing itself into a firm, hard mass, receding completely into the pelvic cavity below the brim. The water passing from the vulva is soon observed to be free from colour, and the hemorrhage is arrested. A uterus after such accident ought to be carefully watched and compressed in the hand of the accoucheur or of an assistant until all probability of secondary relaxation is over.

Finding the use of the douche so successful in controlling hemorrhage, it has naturally follow-

ed to adopt it as a preventive, and for nearly two years past Dr. Smith has been resorting to its use habitually (or at least wherever at all easily practicable) in every case of labour. The apparatus is made ready during the latter stages of labour, and, so soon as the placenta is delivered, the douche is administered precisely as just directed for the relief of hemorrhage, except that it will rarely be necessary to carry the finger and the pipe farther than to the os uteri (the *internal* os, the external os, and cervical cavity being expanded at this stage). The vagina is thus cleansed and disinfected by the water—medicated as before—the clots are washed from the lower segment of the uterus, and the organ stimulated to contract—which it does firmly, rarely showing a disposition to relax, and often remaining low down in the pelvic cavity below the brim for twenty-four hours; and in no case so far, where satisfactorily done, has any flooding occurred after it. After-pains are diminished greatly, and the lochia but slightly abundant.

As to any danger from the absorption of the carbolized solution, it seems almost impossible, where the outlet of the uterus is so patulous as it is after labour, that any fluid could be retained in its cavity long enough to be absorbed; but the recent statements of so reliable an authority as Fritsch, that serious consequences have followed its use in some cases, would make it desirable that every precaution should be taken against such retention.

ADVANCES IN PHARMACY.

By WM. H. TAYLOR, M.D., Richmond, Va., Reporter to the State Medical Society.

(Continued from our last.)

Pharmaceutical Uses of Milk Sugar.—In some parts of Europe it is customary to keep many poisonous articles triturated to a uniform powder with milk sugar, and many salts in solution of a definite strength (Maisch). Mr. Walter E. Bibby suggests this praiseworthy use of milk sugar for this country. He recommends that trituration of the poisons in common use be made of such a strength that each grain of the trituration shall represent a certain quantity of the poison—in the proportion, say, of one grain of the poisonous substance to seven grains of sugar of milk, making in all eight grains, the whole to be most completely and thoroughly triturated. He prefers sugar of milk to any other diluent, because of its hard, gritty, odorless, almost tasteless and but slightly hygroscopic character. The great advantage of this method is in the facility which it affords for the very accurate weighing of small quantities of active medicines. Mr. Bibby also, extending Mr. J. C. Biddle's plan of incorporating milk sugar with powdered squill to prevent it from

caking, has applied it with great satisfaction to a large number of the gum-resins which are often required in the state of powder. He recommends either three parts of the gum-resin to one of milk sugar, or two of the former to one of the latter—the powder to be preserved in a well-stoppered bottle. For guaiac resin and squill, he uses nine parts to one of milk sugar. In this proportion (nine to one) he likewise finds that it retains camphor in powder better than any substance he has tried. He has also experimented with it in the manufacture of mercurial pill and mercury-with-chalk, and expresses entire satisfaction with his results.

Solution of Salicylic Acid.—The rather sparing solubility of salicylic acid is a considerable impediment to the employment of this agent, the use of which is so rapidly extending in so many directions. Many formulæ have been proposed for promoting its solubility, and from them we select the following: R Phosphate of sodium or ammonium, 2 or 3 parts; water, 50 parts; salicylic acid, 1 part. R Glycerine, 12 ounces; borax, 2 ounces; salicylic acid, 1 ounce. R Spirits of nitre, 4 drachms; syrup of tolu, 1 ounce; salicylic acid, 5 grains. R Sulphite of sodium, 2 parts; water, 50 parts; salicylic acid, 1 part. R Alcohol, 4 drachms; water, 3 drachms; glycerine, 1 drachm; salicylic acid, 4 grains. R Solution of acetate of ammonium, 1 ounce; salicylic acid, 16 grains. The following remarks of Mr. Chas. Becker are of value in this connection:

"The addition of the phosphate of ammonium or sodium has been recommended to increase the solubility of salicylic acid in water; but these agents really amount to but very little, as a solvent of one part of the acid in three of either phosphate, and fifty parts (by weight) of water, throws down a precipitate in less than twenty-four hours. An addition of two parts of sulphite of sodium to one of salicylic acid, in fifty parts of water, precipitates in a few hours. Borax, in the proportion of two parts to one of salicylic acid and fifty of water, precipitates slightly after twenty-four hours; a solution of one part each of salicylic acid and borax in five parts of glycerine and twenty-five of water is permanent; while the same proportion of borax, acid, and glycerine in fifty parts of water will precipitate after twenty-four hours. A solution of one part of acid to two of borax in twelve parts of glycerine, made with heat, is permanent; but when one part of this solution is diluted with three parts of water, which makes it two parts of salicylic acid, four of borax, twenty-four of glycerine, and ninety of water, a cloudiness appears in a few hours. One part of salicylic acid with one part of water of ammonia (20°) forms, with ten parts of water, a permanent solution; this has a light-brownish color, a very faint odor of ammonia, a very

distinct, sweet taste of the acid, and a slight acid reaction on litmus paper. Salicylic acid is soluble in ten times its weight of dilute alcohol at a temperature of about 80°F. , in one and a half times its weight of alcohol (0.835 sp. gr.), and in twice its weight of sulphuric ether. It is nearly insoluble in cold oil of turpentine, but hot turpentine dissolves about five per cent. of its weight. Its alcoholic solution has a decided acid reaction on litmus paper. An addition of one-fifth of one per cent. of salicylic acid to aqueous infusions will preserve them for weeks, and the same proportion added to syrups made with fruit juices, while it will not arrest fermentation after such has set in, it will prevent the same. The acid used in the above experiments was of Schering's make, and perfectly white and inodorous. When one part of salicylic acid and two parts of olive oil are heated together, they form a homogeneous mixture admirably adapted for application to surfaces. The oil will separate to some extent on standing for a time, but agitation will easily combine it again."

Compressed Pills.—An old method of making pills by simple compression of the materials, without an incipient, has been revived, and is considered to be very advantageously applied to certain substances.

Cachet de Pain.—These envelopes of bread for the tasteless administration of medicinal powders are prepared by enclosing the substance between two concave wafers, one of which is slightly moistened, and which are then caused to adhere by means of an appropriate press. Their preparation requires some little skill; but when this has been obtained they can be made very rapidly, and are very satisfactory both to physician and pharmacist. The approved method of taking them is with a spoonful of water, in which the cachet has been allowed to soak for a few seconds till it has become soft.

Solubility of Coated Pills.—To determine the relative solubility of coated pills, Prof. J. P. Remington has experimented with pills exposed in acid, alkaline and plain water, and in water containing digestive material, and infers that the order of solubility is uncoated pills, sugar coated, compressed, and gelatine coated. Mr. Samuel Campbell objects to Prof. Remington's manner of experimenting, as indicating rather facility of disintegration and not solubility. His own experiments with a solvent corresponding to the gastric juice indicate that compressed pills are most soluble, the pills of the U. S. Pharmacopœia coming next, then the sugar coated, and lastly the gelatine coated. Prof. Remington, replying, maintains that his conclusions are correctly deduced. His results also show that the cachet de pain is superior to any method of coating, in point of permitting the medicine to dissolve or digest readily.

Disguising the Taste of Cod Liver Oil.—Chloroform is highly recommended, in the proportion of one fluid drachm to one pint, to remove the unpleasant taste of cod liver oil. It is also recommended for the same purpose as an addition to bitter tinctures and mixtures.

Disguising the Taste of Castor Oil.—A modification of the old and favorite mode of administering castor oil in orange juice is offered by Potain. He directs that the juice of half an orange be squeezed into a glass, and after carefully pouring the oil upon this, to add the juice of the other half of the orange, so as to enclose the oil. If pains be taken to avoid mixing the layers, the combination can be swallowed, it is said, without the least perception of the flavor of the oil.

(To be continued.)

INCONTINENCE AND RETENTION OF URINE IN CHILDREN.

Mr. Teevan, in a paper read before the Harveian Society, says that the great point is to make out the diagnosis, for unless this is done all treatment is simply empirical. A physical examination should be made in all cases. Mr. Teevan says,—

The surgical causes that may give rise to incontinence are—1, rectal complaints, such as piles, fistula, excoriations; 2, ascarides; 3, a tight foreskin; 4, congenital insufficiency of the external urethral orifice; 5, a calculus impacted in the urethra. The above are fertile causes of the complaint, and all remediable. All of them set up and keep up irritation, and produce incontinence by reflex action. Probably of all the above causes the fourth and fifth are but little suspected of giving rise to trouble. A tight foreskin is a common cause of complaint, and I always advocate its removal, as it is usually followed by the best results. It is well known that the meatus externus is the narrowest part of the urethra, but the relation of its size to the rest of the canal is perhaps not so much attended to as it ought to be. There is a general belief to the effect that so long as there is a hole it suffices for micturition. This, however, is erroneous. If the relation of the calibre of the external orifice to the general urethra be disproportionate, the result is that the urine cannot escape as fast as it ought to do, and irritation is set up in the peripheral extremity of the nerve, which disturbs the vesical centres. For instance, if a boy of twelve or fourteen years of age have a meatus that will only admit a No. 3 catheter, and be suffering from incontinence, we ought at once to suspect that the local obstruction is the cause. Now as regards the last cause of incontinence,—a stone impacted

in the urethra. If I could not discover anything wrong with the rectum or urethral orifice, I would pass a very slender sound, having a beak only half an inch long, to ascertain if there were any stone impacted in the urethra. It is not generally known that a stone in the urethra may give rise to incontinence or retention, according to where it may be situated. If the calculus has only just entered the meatus internus, it will be firmly and accurately embraced by the sphincter, so that no urine can escape along the sinuosities in the stone. If, however, the stone advance half an inch further, incontinence will be the result, for the calculus will then act as a gag, and prevent the sphincter from closing, and the urine will dribble away along the sinuosities of the stone. For a knowledge of this fact I am indebted to Civiale's works; and in several cases of incontinence it has enabled me to detect a stone impacted in the urethra. It might be at first sight imagined that if a calculus be impacted in a boy's urethra it would give rise to great pain and discomfort, but this is not so. As the urine dribbles away, the stone may cause but little annoyance; indeed, I have known patients who have had calculi impacted in their urethrae for years without being aware of it, so little discomfort was there caused. Therefore it would be well not to be misled by the quiescence of the parts. In cases of incontinence where a surgical cause cannot be elucidated, I have found belladonna most useful where the complaint was only nocturnal, as also Sir D. Corrigan's plan of sealing the meatus externus with collodion at bedtime. Strychnia is indicated where the incontinence is diurnal as well as nocturnal. Blistering and an exclusively milk diet must not be lost sight of. If all means fail, the application of a mild solution of nitrate of silver to the neck of the bladder is justifiable.

Retention of urine in children is usually due to one of three causes: 1, congenital contraction of the meatus externus; 2, phimosis; 3, stone. The first two causes can be at once determined by ocular inspection. As regards calculus, Mr. Teevan says: It may appear to some that it is easier to discover a calculus in a child when its bladder was full rather than empty; this, however is not so. If a stone cause retention, it must be a very small one, and will, therefore, be found lying at the neck of the bladder, and will be struck as the sound enters that organ. If the bladder be examined when distended, the surgeon will have to grope about after the calculus, and perhaps not find it. If, on the other hand, he sound the patient when his bladder is empty, the stone will be brought to him. Extreme care should be used in sounding children for stone, as peritonitis readily supervenes on too rough handling.—*Lancet*, May 24, 1879.

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EDITOR:

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NEW KYMOGRAPH,

At the meeting of the Medico-Chirurgical Society of Montreal, held on the 31st October last, Dr. Wilkins, professor of Pathology, and lecturer on Practical Physiology, Bishops College, Montreal, gave a demonstration of the cardio-inhibitory influence of the pneumogastric nerve by means of experiments on the rabbit, using a Kymograph of an entirely new form. The manometer used was the ordinary mercurial manometer, but the recording apparatus, instead of being cylindrical, as in all other Kymographs, is a plate of smoked opal glass 36 inches long by 8 inches wide, fixed in a frame having small wheels, which run along a wire track when a tracing is to be taken: behind this glass, which is smoked, three or four paraffine lamps are placed which show the tracing remarkably well as the glass passes in front of the pens in use. The motor power is a small water engine, which at the same time works a bellows for artificial respiration in animals under influence of curare, the rate of speed of which is regulated with the greatest ease. The engine is not in direct connection with the recording apparatus. Motion is transmitted from it by means of a small leather belt to a small shaft having a moveable iron drum, around which a silk-covered copper wire rotates; this wire draws the recording glass. By means of a set of levers the drum is instantly connected or disconnected with the rotating shaft. Any one in a room capable of contain-

three or four hundred could distinctly see the tracings. At the Society the engine was on same table with the other apparatus, but can equally well be placed under the table out of the road, or as fitted in Dr. Wilkins' Laboratory immediately over the sink, power being transmitted to small pulley wheels close to the ceiling immediately above, then along the ceiling to place directly above recording apparatus, then down from ceiling to shaft having iron drum in stand on table.

The artificial respiration apparatus is also placed out of the way on a shelf close to ceiling, air being conveyed from bellows by means of rubber tubing. This apparatus can be used with equal facility in demonstrating the rapidity of nerve influence.

Tracings are quite as distinctly seen by day or by night merely by having it placed directly in front of a window.

The Kymograph used by Dr. Wilkins during the last five years in demonstrations at Bishops College is the same as that in use at University College, London, and other Physiological Laboratories, but only a very limited number can see the demonstrations, but for purposes of class demonstration the new one is very much superior. After the completion of some further improvements which are being made by Dr. Wilkins a complete detailed description of the apparatus will be published.

The *Metal Worker*, published in New York, takes to task rather severely Mr. Mackelcan's criticism on Mr. Hughes' (of Montreal) pamphlet. We must confess the *Metal Worker* has some show of reason on his side. To criticise an article, in order to allow the reader to understand the full value of the criticism, full sentences should be given in quotation, and not fragments, as otherwise the meaning the author intended to convey is distorted.

Mr. Hughes has had a great deal of experience in sanitary matters connected with the drainage and plumbing work of houses, and anything coming from him deserves respectful consideration.

It is only by a fair and thoughtful criticism of each other's experience and opinions that progress can be made in scientific matters.

TROMMER EXTRACT OF MALT.

Through erroneous classification by the customs, resulting in a charge of 50 per cent. duty upon this article, the profession stood for a time in danger of being deprived of this valuable agent for general use, as the duty named would have placed the remedy beyond reach of patients of small means. We have, therefore, much pleasure in announcing that it has now been correctly classed for duty, and that the price will remain as formerly. Recognizing the Trommer Extract as the standard in this class of therapeutic agents, we are glad to know that it has received the countenance and endorsement of the whole profession in Canada. *See Advertisement, pp. 3 and 7.*

THE NEW LIBRARY HALL OF THE NEW YORK ACADEMY OF MEDICINE.

The new Library Hall of the New York Academy of Medicine, No. 12 West Thirty-First Street, was formally dedicated on the evening of October 2d, in the presence of a large audience. The new hall measures 28 feet in width by 50 feet in length, and is two stories in height. It forms an extension to the building which was purchased by the Society some four years ago, at a cost of \$42,500, and which they have already found to be too small for their purposes. The entire lot of 128 feet in depth is now covered by the combined structures. The first floor of the hall has been fitted up as a lecture room, and can accommodate 200 persons. The ceiling is lofty, having been carried up to the height of the third floor, a wide gallery extends around all four sides of the room, and communicates with the second floor of the main building through a wide archway, and affords shelf-room for the larger portion of the Academy's library. The most approved methods of ventilation have been adopted. In the centre of the ceiling is a large double skylight, with a space between the upper and lower sashes of about five feet. The lower sash bears the coat of arms of the Society, beautifully finished in coloured glass. Around this lower sash is a space about six inches wide, just beneath which a border of gas jets, sixty-four in number, is placed. By means of this arrangement the room is lighted, and, the flames producing a

current of air, the hot, foul air of the room rushes upward and outward through the upper skylight, while its place is supplied by fresh air admitted through ventilators near the floor. A black marble tablet set in the wall at the head of the room bears the following inscription in letters of gold: "This hall, the gift of Abram DuBois, M.D., generous benefactor of the New York Academy of Medicine, was erected A.D. 1879."

The walls of the hall were adorned with a very valuable and interesting loan collection of portraits of local medical celebrities, mostly of by-gone days.

Dr. Fordyce Barker, President of the Academy, opened the proceedings with an address, chiefly historical, and in conclusion he unveiled and presented to the Academy a beautiful marble bust of Mr. Spencer Wells, which was cut by Professor Liebreich, the distinguished London ophthalmologist, and was greatly admired at the last exhibition of the Royal Academy. Addresses were also made by Prof. Acland, of the University of Oxford; by Prof. Gross, of Philadelphia; Dr. Billings, U. S. A., Librarian of the National Medical Library; Dr. Shattuck, of Boston; Dr. Willard Parker and Dr. Austin Flint, of New York.

MEDICAL ITEMS.

Dr. Perrigo, Montreal, reports a case of a man's penis being burnt with sulphuric acid. The act was done by his wife through a fit of jealousy, and she took the opportunity of doing it when he was asleep. The poor fellow is suffering a great deal of pain.

REVIEWS.

A Treatise on Hygiene and Public Health. Edited by ALBERT H. BUCK, M.D., American editor of Ziemssen's Cyclopædia of the Practice of Medicine; Instructor in Otology in the College of Physicians and Surgeons, New York; Aural Surgeon to the New York Eye and Ear Infirmary. Volumes I. and II. New York, William Wood & Co. Montreal, John M. O'Loughlin, St. James street.

The importance of the subject treated in these two volumes can hardly be over-estimated, and

the rapidity with which this importance is being recognized is proved by their appearance. A comparatively few years ago we have no hesitation in saying a publishing house could with difficulty have been found willing to undertake the financial risk which their publication would entail. And why? Simply because the importance of the subject of hygiene was not understood. It is a somewhat singular fact that, valuable and inestimable a blessing as health is admitted to be, too little attention is given to its preservation. With eyes wide open, and the warning cry reverberating from our tympanum, we often expose ourselves to influences, conditions and situations which are of the most baneful character, till at last we are ready to exclaim,—we did not realize the blessings of health till they were gone. Then, again, it is very hard for the great mass of the people to understand why the loss of every man means a direct financial loss to the country. They can appreciate how his family or his relatives, dependent upon him, should suffer financially from his death, but why the city, town, or parish should in like manner suffer passes the comprehension of the majority. And yet, till this simple problem is understood and appreciated, the public, as represented by the mass, will never look upon hygiene with the favor which is its due. The accomplishment of this end may not come for years, but that it will come in time we most surely believe. Within the last ten years much has been done by the educated class in studying this subject, and already we fancy we see the influence which they exert upon the masses,—showing itself in the attention which builders and plumbers are paying to the question of drainage. All this is a good augury: the ball has commenced to move, may it gain size and force as it proceeds. So much for the general subject of hygiene, to which the two volumes before us are devoted. Their size, over 600 pages each, has of course precluded the possibility of our reading them through since they have been received. We have, however, read several of the chapters, with much pleasure and profit. The style of the work is somewhat different to what perhaps might be inferred from the title-page. It is not a huge work, the work of one man, but consists of a series of papers upon almost every hygienic subject, written by men of eminence in the United States, who have

devoted much time and thought to their study. The introduction to volume I. is from the pen of J. S. Billings, U. S. Army, and comprises prefatory remarks, Cause of Disease, Jurisprudence of Hygiene. Part I. is on Individual Hygiene, and comprises the following papers:—1. Infant Hygiene, by A. Jacobi, M.D., of New York; 2. Food and Drink, by James Tyson, M.D., of Philadelphia; 3. On Drinking Water, and Public Water Supplies, by Professor Wm. Ripley Nichols, of Boston; 4. Physical Exercise, by A. Brayton Ball, M.D., of New York; 5. The Care of the Person, by Arthur Van Harlingen, M.D., of Philadelphia; 6. Soil and Water, by Wm. H. Furd, M.D., of Philadelphia; 7. The Atmosphere, by D. F. Lincoln, M.D., of Boston; 8. General Principles of Hospital Construction, by Francis H. Brown, M.D., of Boston. All these papers are evidently of the very highest possible order of merit, and merit a careful and thoughtful perusal. Volume II. contains also a large number of papers, also written by eminent men. They are as follows:—1. Hygiene of Occupation, by Roger F. Tracey, M.D., of the Board of Health, New York; 2. Hygiene of Camps, by Charles Smart, U. S. Army; 3. Hygiene of the Naval and Merchant Marine, by Thos. J. Turner, M.D., medical director U. S. Navy; 4. Hygiene of Coal Mines, by Henry C. Sheaffer, coal editor of the *Miners' Journal*; 5. Infant Mortality (an important contribution), Vital Statistics, by T. B. Curtis, M.D., Boston; 6. Adulteration of Food, by S. P. Sharples, chemist, inspector of milk for the city of Cambridge, Mass.; 7. Public Nuisances, by R. S. Tracey, M.D., New York; 8. Quarantine (with reference to seaport towns only), by S. Oakley Vanderpool, M.D., health officer of New York; 9. Small-Pox, and other Contagious Diseases, by Allan McLane Hamilton, M.D., New York, and B. McE. Emmett, M.D., New York; 10. The Hygiene of Syphilis, by F. R. Sturgis, M.D., New York; 11. Disinfectants, by Elwyn Waller, Ph.D., New York; 12. Village Sanitary Associations, by R. S. Tracey, M.D., New York; 13. School Hygiene (an important paper), by D. F. Lincoln, M.D., Boston. These two volumes are issued in the same style as has been the volume of Ziemssen's *Cyclopædia of the Practice of Medicine*, and they are intended as a substitute to volume I. of that work, which is devoted to hygiene, but from a stand-

point so thoroughly German that it was deemed better not to issue it. We have no hesitation in commending this view, and in recommending to the profession and to the educated public Dr. Buck's work. It is a credit to its editor, as well as to the enterprising publishing house which has produced it.

Transactions of the Thirty-Fourth Annual Meeting of the Ohio State Medical Society, 1879. Cott & Hann, publishers, Columbus, O.

This 200 page volume contains an account of proceedings, elections and addresses usually found in society publications. Many of the papers are valuable, having been written by men eminent in the profession; the most important being on Treatment of Consumption, Progress of Surgery, Hog Cholera, Mixed Anæsthesia, Tubercle, Sanitary Laws, Glaucoma, and the Metric System. The work reflects great credit on the Society, as it is well printed and neatly bound in book form. An index would have made it more complete.

The Student's Guide to the Diseases of Women.

By A. L. GALABIN, M.D. Lindsay & Blakiston, publishers, Philadelphia. Dawson Bros., Montreal.

This guide contains within its pages the essential portions of gynecological literature condensed, arranged, and illustrated in such a manner as to be of value to the student who cannot find time to consult the larger text books on this subject. The different means employed in making a physical diagnosis are very thoroughly given, only such instruments being mentioned as have been found most useful in examinations. A chapter is inserted on the physiology of normal menstruation, which might as well have been omitted, as it can be found in the text-books to which the student is referred for laceration of the perineum and vesico-vaginal fistula, of which operations the author says nothing. The various malformations of the uterus and vagina are grouped together, and the operations required for their rectification explained. Displacements of the uterus and pelvic viscera receive a large share of attention. To the student this chapter is very valuable, as it so clearly defines the treatment, mechanical and otherwise, which may be adopted for these troublesome disorders so frequently met with, and from the effects of which so many other

affections arise. Hypertrophy, atrophy and inflammations of the uterus receive due attention, along with the different morbid growths. A very full description is given of cystic tumors of the ovary and the operation of ovariectomy,—the balance of the book being taken up with various other affections of the pelvic organs. As a book to be carried in the pocket, and read in those moments of detention which country practitioners often experience, this work will be found both interesting and valuable.

A Guide to Surgical Diagnosis. By CHRISTOPHER HEATH, F.R.C.S., Holme, Professor of Clinical Surgery in University College, London; Surgeon to University College Hospital. Philadelphia, Lindsay & Blakiston. Montreal, Dawson Brothers—1879.

The name of Christopher Heath is one familiar to all who have attentively followed English periodical Medical literature, and he has won for himself in the great English metropolis a surgical reputation of which any man might be proud. A clinical teacher for many years, he has had constant opportunity of knowing how students apply the knowledge obtained in the lecture room and from books when put to the practical test of examining patients. This opportunity has shown him that even the best read students have much difficulty in applying promptly the knowledge which they possess. To afford assistance to such is the object of this manual, in which surgical affections are grouped anatomically, and the symptoms of each arranged in the order in which they would be most likely to strike a careful observer. No attempt is made to discuss the pathology or describe the treatment, and the symptoms even are confined to the most salient points. It is a book thoroughly practical in its character.

Anæsthetic Manual. By Lawrence Turnbull, M.D., Ph.G. Philadelphia, Lindsay & Blakiston. Montreal, Dawson Bros.

This capital little work supplies a real want, and should be in the hands of all general practitioners, as, although they may know of the dangers incurred by the careless use of anæsthetics, they may not always be aware of the manner in which to avoid them. The author covers the whole ground very well, and gives impartially, as far as he has been able to collect them,

the fatal accidents that have occurred in the administration of each agent. He states that, from the evidence given, chloroform should only be used in those cases where ether has no effect. It has been our experience to meet with such cases in the practice of one of our leading dentists, and we found great care had to be taken in the administration of the more dangerous agent.

The author is to be commended on his remarks where he says anæsthetics should only be given by an experienced person, and that person, at the same time, should give his whole attention to his duty, and not mind the operation any more than if it were not going on. It has been our misfortune to witness three fatal cases from chloroforming in Europe, in two of which failure of the above duty was, in our opinion, the cause.

This little work is a good class-book for students as well as practitioners. We think medical schools should take more pains to teach their students the different methods of administering these agents, and of the dangers connected with them; as it is now it is merely glossed over in the course of *Materia Medica*. A few lectures on Anæsthesia would not be out of place in their curriculum.

On Diseases of the Stomach, the Varieties of Dyspepsia, their Diagnosis and Treatment. By S. O. Habershon, M.D., Lond., Senior Physician to, and late Lecturer on the Principles and Practice of Medicine at Guy's Hospital, &c., &c. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Brothers.

This is a work which, from its title, will at once commend itself to the practical physician, and those who read it will find that within its cover is a very large amount of most valuable information. Dyspepsia is a disease, unfortunately, of exceedingly common occurrence, and its effects upon the general, mental and physical condition of the system, are of the gravest possible character. It should, therefore, receive from the profession thorough study, so as to be able to give those who suffer from it every advantage which the art of medicine affords. The work before us enters fully into the various causes which eventually leads to that gastric disturbance, classed under the general head of dyspepsia. It shows the numerous varieties which this disease may assume, and gives the

appropriate medical and hygienic treatment for each. The first noticed is dyspepsia from weakness, whether from general imperfect nutrition, or from exhaustion of the cerebro-spinal system, or from failure of the nerve of organic life,—atonic dyspepsia Dr. Habershon calls it. He then takes them up in the following order: 2nd. Dyspepsia from congestion, as noticed in chronic lung, cardiac, bronchitic and hepatic disease. 3rd. Inflammatory dyspepsia, whether arising from irritants, excesses or improper diet. 4th. Hepatic dyspepsia or "bilious indigestion." 5th. Rheumatic or gouty dyspepsia. 6th. The dyspepsia connected with disease of the kidneys. 7th. Dyspepsia from mechanical interference with the muscular movements of the stomach. 8th. Nervous or sympathetic dyspepsia. 9th. Dyspepsia from fermentation of, or chemical change in, the contents of the stomach. 10th. Duodenal dyspepsia. All these various varieties are considered in a plain, common-sense way by the author, whose book, amounting to over three hundred pages, is a welcome and important addition to our literature upon gastric disturbances.

Complimentary Dinner given to Professor S. D. Gross by his Medical Friends, in commemoration of his fifty-first year in the profession, April 10th 1879. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Brothers.

The name of Professor Gross of Philadelphia, America's eminent surgeon, is familiar to Canadian ears, many of whom still bear in warm remembrance his cordial treatment of them during the International Medical Congress of 1877. That he has been given health and strength to follow actively the duties of his profession for such a lengthened period is a satisfaction to the profession of the Dominion, as well as to those who claim him as their fellow-countryman. This little *brochure*, which is prefaced by an excellent steel engraving, contains an account, with all the speeches, of the complimentary dinner tendered Dr. Gross, on his fifty-first year of active professional life. It was certainly an event worthy of commemoration, more especially when the recipient was a gentleman whom the entire profession, the world over, holds in the highest possible esteem. Those who desire to possess the little book can

obtain it from Messrs. Dawson Brothers, or direct from Lindsay & Blakiston, Philadelphia

Summer and its Diseases. By JAMES C. WILSON, M.D., Lecturer on Physical Diagnosis in the Jefferson Medical College in Philadelphia. Lindsay & Blakiston, publishers. Dawson Brothers, Montreal.

This is another of the series of American Health Primers, and is written in a clear, sensible way, calculated to attract the attention and guide the judgment of the general public. Among this class their circulation is capable of resulting in much good, while the medical profession will find their perusal both interesting and profitable.

Eye-Sight, and How to Care for it. By GEORGE C. HARLAN, M.D., Surgeon to the Wills' Eye Hospital. Philadelphia, Lindsay & Blakiston Montreal, Dawson Brothers.

Still another American Health Primer, and on a subject of great importance, and about which little thought is given till the injury is done. The book is cleverly written, and may prove exceedingly useful.

Students' Pocket Medical Lexicon. Giving the correct pronunciation and definition of all the words and terms in general use in medicine, with an appendix containing a list of poisons and their antidotes, &c., &c., &c. By ELIAS LONGLEY. Philadelphia, Lindsay & Blakiston. Montreal, Dawson Brothers.

The title of this little work—for though it contains over 300 pages, they are small pages—gives a good idea of what it is intended for, and there is little need for us to say more. The capacity of its author for the work is attested by the fact that over a quarter of a century ago he was a co-editor in the publication of a similar work, which is said to have had a larger sale than has any work either before or since. It is, we believe, also the only lexicon in existence in which the pronunciation of words is fully and distinctly marked. He adopts the phonetic method, and this is believed to be the best, inasmuch as it notes distinctly every vowel and consonant sound in a word. Its size and shape is handy. Although it is not intended to replace larger lexicons, it has a use peculiarly its own, and for this it is most admirably adapted.

Memoranda of Poisons. By Thomas Hawkes Tanner, M.D. Fourth American from the last London edition. Philadelphia, Lindsay & Blakiston. Montreal, Dawson Brothers.

This is a very useful little book, just the thing to help the busy practitioner, and furnish him with a guide in dealing with cases of poisoning to which he may suddenly be called upon to attend. It is equally useful to the student, to whom it will supply a large amount of information in a compact form.

OBITUARY.

Died at sea, on the 20th of October, GEORGE WILLIAM CALENDER, F.R.S., Surgeon to, and Lecturer on Surgery at St. Bartholomew's Hospital.

Mr. Callender's many friends on this side of the water will learn with sincere regret the sad termination of his holiday trip to this continent. He arrived, accompanied by his two elder daughters, at the end of August, apparently in excellent health; a month later he began to experience fatigue in travelling, which was aggravated by the extreme heat of the season, to which he was unaccustomed. In the early part of October, while in Philadelphia, he suffered from malaise, dyspnoea, and other symptoms, the gravity of which led him to seek medical advice. Dr. Da Costa was called in, and found him labouring under unsuspected advanced Bright's disease, of a chronic form. Notwithstanding his extremely ill condition, it was deemed advisable, after careful consideration of his case in consultation with medical friends, to yield to his strongly expressed desire to return home. Accordingly, on the 15th of October, he was conveyed on a stretcher by a special train to Jersey City, and thence by a tug to the steamship Gallia. He bore this part of the journey so well as to encourage his friends in the hope of his reaching England and passing his last days at home, but a cable dispatch from Queens-town informs us of his death when five days out. While sick in Philadelphia he was the guest of friends from whom he received every attention that kindness and sympathy could suggest.

Mr. Callender was not only an accomplished surgeon and a careful operator, but a man of

wide general culture. Although not a prolific writer, his contributions always commanded attention as the results of a large experience and of careful observation. He held the positions of Surgeon to the Charter House, and Examiner in Anatomy at the University of London. In 1877 he was elected President of the Clinical Society of London.

PERSONAL.

Dr. Craik (Montreal) has been confined to his house for several weeks from a poisoned wound of the second finger of his right hand. The nail had to be removed, and the affection has been exceedingly painful throughout.

Dr. Ritchie (M.D., McGill College, 1876) has removed from Montreal to St. Paul, Minnesota, where, under the auspices of the new lessees of the St. Paul and Manitoba Railway (Messrs. Stephens and Angus), he has a brilliant future. We commend him to the profession of St. Paul as a genial gentleman and a worthy and talented physician.

Dr. Gaherty (M.D., Bishop's College, 1879) is settled at Carillon, in medical charge of the extensive Government works going on in that neighborhood.

Dr. J. S. Edwards (M.D., McGill College, 1879), son of Dr. E. G. Edwards, Ex-President of the College of Physicians and Surgeons of Ontario, has been appointed House Surgeon of the London (Ont.) General Hospital.

Dr. Mitchell, of Amherst, N.S., has been appointed Physician to the Maritime Penitentiary, Dorchester, New Brunswick.

Dr. J. H. Ryan, of Sussex, N.B., has been appointed Associate Coroner for King's County, New Brunswick.

The Hon. Dr. Paquet of St. Cuthbert has accepted the position of Professor of Hygiene in Victoria College Faculty of Medicine, Montreal.

Dr. Alfred Codd, (M.D., McGill College, 1865) is in practice at Winnipeg, Manitoba.

Dr. George W. Nelson, First Rank Honors Primary and Final Years, and Final Prizeman, Medical Faculty of Bishop's College is acting as assistant to Dr. J. H. Cotton, at Mount Forest, Ont.

Dr. Wolfred Nelson,—formerly Assistant Demonstrator of Anatomy Medical Faculty of

Bishop's College, has been obliged to relinquish practice on account of pulmonary trouble, and leave for a warm climate. Dr. Nelson will travel in the W. I. Islands and South America, this winter and next summer, as a correspondent. Articles from his pen, on Climatology, Winter Resorts for Invalids, Notes on Hospitals, etc., will appear from time to time in these columns.

MEDICO-CHIRURGICAL SOCIETY.

October 17, 1879.

A regular meeting was held this evening. The President, Dr. R. P. Howard, in the chair.

There were present: Drs. R. P. Howard, President; Henry Howard, John Reddy, F. W. Campbell, Proudfoot, Kennedy, Baynes, Kerry, Bessey, Armstrong, Brown, Brodie, Osler, Roddick, Ross, Gardener, Molson, Shepherd, Smith, Hingston, McConnell, Ritchie, Wilkins and Edwards.

Dr. Osler exhibited as pathological specimens:

1st. Striated myo-sarcoma of kidney in a child of 3½ years of age, in the practice of Dr. Finnie. It had been considered a case of abscess. Death took place suddenly. Malignant growths in the kidney are comparatively rare, but in children occur with comparative frequency. The tumors are usually soft, and rapidly growing present a greyish white pulpy tissue like softened brain matter. They sometimes form large abdominal tumors, and with cancer of the retroperitoneal glands constitute the great majority of abdominal new growths in children. Tumors containing striped muscular fibre are a curiosity, only some twenty cases being on record.

2nd case was one of cirrhosis of the liver with thrombosis of the portal vein in a man aged 62, an old soldier. History, of drinking habits. Illness began in June with dropsical symptoms. He took a voyage from Newfoundland, his home, to Montreal, and died two days after his admission to the Hospital here. The liver was remarkably cirrhotic, the portal vein had thick walls, which, being slit up, showed a soft brown thrombus occupying the upper part.

3rd. Perforation of the intestine in typhoid fever. Patient died on the 50th day of the disease. The patient, aged 19, admitted on 2nd of September and 9th day of fever, temperature

104°. Until 16th day, moderate fever, constitutional symptoms slight. From the 18th to the 27th day temperature was normal. A relapse occurred on the 31st day, and temperature reached 104°; no diarrhoea. On the 42nd day, there was hemorrhage from the bowels. Tenderness of the abdomen, tympanitis and great exhaustion. Another slight hemorrhage on the 48th day, vomiting the last few days and death on the 50th. The lower part of the illium had three ulcers, one about the size of a sixpence.

Dr. Reddy mentioned a case which had been under his care in the hospital two years ago, where death took place from a relapse following a large meal of mutton chops. This patient had been well for three weeks. The post-mortem showed a perforation not larger than a pin's head at the bottom of an ulcer.

Dr. R. P. Howard remarked that the latest view of relapses in typhoid was that there was re-inoculation from the ulcers themselves.

Dr. Shepherd presented a skull having only one parietal bone, the skull was much longer and narrower than usual. He also showed ossified pubic bones from another subject.

Dr. Roddick presented a highly interesting case of favus to the Society. The patient was under his care in the Montreal General Hospital, a female child, aged 10, who had resided in a low, unhealthy secluded part of the city, and was badly nourished. The disease was well marked on the head, and distributed generally over the entire body. The father had been deaf and dumb from birth, the mother had had pneumonia five times, had given birth to 10 children, the entire family being unhealthy, and all of them had had head eruptions. A remarkably fine painting of this case was also shown to the Society.

Dr. Roddick presented also a drawing of a case of meningocele which had been off and on under his treatment in the Hospital. It was diminished from its original size of small lemon to the size of a walnut. The child subsequently died, not being properly nourished at home, its mother being ill.

Dr. Ross then read a paper on "Thoracic Aneurism."

The meeting then adjourned,

MONTREAL, Oct. 31, 1879.

A regular meeting of this Society was held this evening, the President, Dr. R. P. Howard,

in the chair. There were present Drs. R. P. Howard, Henry Howard, John Reddy, H. L. Reddy, Buller, Blackader, McConnell, Simpson, Ross, F. W. Campbell, Proudfoot, Brodio, Osler, Roddick, Rodger, Armstrong, Guerin, Wood, Major, Browne, Ritchie, Gardner, Fenwick, Bell, Cameron, Molson, Smith, Baynes, Bessey and Edwards.

Dr. Ross proposed and Dr. Osler seconded the proposition of Dr. Gurd as a member of the Society.

Dr. Hill, of London, England, was introduced as a visitor by Dr. Osler, also Dr. R. King, of Peterboro, Ont.

Dr. Osler exhibited, as the first specimen, an ovarian tumor, which had been removed by Dr. R. P. Howard from a patient aged thirty-three, the subject of an abdominal growth for nine months. It was multilocular, consisting of two large cysts, forming the principal part of the growth, and six or seven smaller ones. At the base of the tumor, and corresponding to the ovary, were two dermoid cysts, in which were skin, hair and subaceous matter, but no bones nor teeth.

The second specimen was one of chronic valvular endocarditis, with insufficiency of the aortic valves, hypertrophy and dilatation of the heart, occurring in a hospital patient aged fifty-four. There was no history of rheumatism, had had syphilis; he had been a hard drinker. For the past two years he had been in the hospital several times for treatment.

Dr. R. P. Howard then gave part of the Presidential address, but it had to be postponed, owing to the experiments of Dr. Wilkins being ready. The Society adjourned to the adjoining room, where Dr. Wilkins gave a series of experiments on the inhibitory action of the pneumogastric nerve.

O. C. EDWARDS, *Secretary*.

THE OLDEST LECTURER IN EUROPE.

The veteran chemist, Chevreul, whose name is associated with researches on fats and fatty acids, now in his ninety-third year, began, we read, his usual course of lectures on organic chemistry at the Museum of Natural History at Paris a short time since.—*British Med. Journal*.

BIRTH.

In Montreal, on the 14th November, the wife of Oliver C. Edwards, M.D., of a son.

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VOL. VIII.

MONTREAL, DECEMBER, 1879

No. 3.

CONTENTS.

ORIGINAL COMMUNICATIONS.

Hindrance to the Respiration by disease in the Nose, by D. H. Goodwillie, M.D., D.D.S., New York City, 57—Idiotcy and Imbecility, not Insanity; a definition on Idiotcy and Imbecility, by Henry Howard, M.D., M.R.C.S. Eng., Visiting Physician to the Longue Point Lunatic Asylum, 59—On the Antagonistic Action of Belladonna and Opium, by Charles Black, B.A., M.D., Pittsburgh, Penn., U. S.65

PAGE

CORRESPONDENCE.

Letter from J. W. Hughes, Practical Sanitarian.....67

PROGRESS OF MEDICAL SCIENCE.

Hydrate of Chloral and Bromide of Potassium Enemata in the Vomiting of Pregnancy, 67—On the Treatment of Enlarged Prostate, 68—Administration of Ether, 69—Recent Progress in the Treatment of Children's Diseases, 70—A Giant Birth, the child weighing twenty-three and three quarter pounds, 71—Pruritus Vulvæ, 72—Carbolic Acid in Shingles, 73—Incontinence of Urine, 73—External Use of Digitalis in Suppression of Urine, 73—Treatment of Urticaria, 74—External Application of the Bromide of Potassium, 74—Eczema, 74—Phosphate of Lime, 74—Baths, and how to take them, 74—Mammary Inflammation treated by Ice, 75—Cup-

ping in Carbuncle, 76—Dover's Powder in the Night-Sweats of Phthisis, 76—Gelsemium in Neuralgia.....77

EDITORIAL.

Surgeon Majors in the Canada Militia, 78—The Relations between Physicians and Druggists, 78—Typhoid Fever in Montreal, 79—Cholera in Japan, 79—Club Rates with Scribner's Magazines, &c., 79—Lindsay and Blakiston's Visiting List, 79—Congratulatory Resolutions to Dr. Robitaille, Lieut-Governor of the Province of Quebec, 79—Personal, 80—Reviews, 80—Medico-Chirurgical Society, 82—Murder of an Italian Physician, 84—Successful Transfusion with Chicken's Blood.84

Original Communications.

HINDRANCE TO THE RESPIRATION BY DISEASE IN THE NOSE.

BY D. H. GOODWILLIE, M.D., D.D.S.,
NEW YORK CITY.

Presented at the meeting of the Canada Medical Association, September 11th, 1879.

The anatomical structure and physiological condition of the nasal fossæ are most efficiently arranged to carry on respiration.

As the gateway to the respiratory organs the nose has a most important office to perform in tempering and cleansing the air that passes to the lungs. Hence the greatest amount of mucus surface in the smallest space, with the numerous mucus glands to lubricate the surface and purify the tidal air. The erectile tissue on the turbinated bones and the hairs in the vestibule as sentinels for protection.

In much the same proportion that respiration is prevented through the nose will there be catarrhal trouble.

The air not passing through the nostrils the mucus with the cast-off epithelium are not so readily carried away by the tidal air, undergo decomposition, and thus aid in setting up inflammatory action, resulting in thickening of the soft parts and hypertrophy and distortion of the bones and cartilages.

This condition undoubtedly commences by rhinitis in childhood from various causes. And so in its chronic condition in adult life, respira-

tion is interfered with, and the catarrhal trouble increases. This is suggestive of proper treatment in early life.

Among the numerous obstructions to respiration within the nostrils I will only call attention to two found just within the vestibule.

(I.) *A deviation of the cartilaginous septum.*

(II.) *Hypertrophy of the soft parts covering the inferior turbinated bones.*

The deviations of the cartilaginous septum for the most part commence at or near the union of the cartilage with the bony septum, and describe *various curves* more or less acute to the columna.

Occasionally the septum may seem to have displaced the nasal spine and to protrude from the nostril. (See case No. II.)

Among the methods for correcting this deformity I have found none so successful as making a section through the cartilage at the greatest curve. This is done by means of the *excising nasal forceps* that the writer devised some years since. This is so constructed that one blade contains the circular or oval knife and the other blade is flat, against which the knife comes when it has cut its way through the septum (Fig. I).



Fig. 1.

It requires about six forceps of different shapes and sizes to meet the requirements of all cases.

The operation on the nasal septum is performed as follows:

The head of the patient is firmly held by means of a head rest, so that there is no motion. Nitrous oxide is usually administered, and a section made through the septum at the most prominent part of the bend with the nasal forceps. The flat blade is passed up the constricted nostril, while the other, carrying the knife, goes up the other nostril, and when opposite the most constricted portion the hand is firmly closed on the instrument, and the section is made, removing entirely the bent portion of the septum.

Hemorrhage is controlled by means of the nasal clamp that produces pressure on the cut blood-vessels. If it is necessary to remove any farther thickening the knife cannot remove, it may be done by means of the galvano or thermo cautery, at the same time this may be made use of to arrest hemorrhage.

The wound heals slowly, but in doing so there is contraction, and this still further improves the breathing capacity. The scabs that form must not be forcibly removed, but the parts cleansed and bathed with thymolized spray. Careful dressing ought not to be neglected by the surgeon.

The second hindrance to respiration is the hypertrophy of the soft tissue covering the inferior turbinated bones, and are removed by means of the galvano cautery. A shield to protect the vestibule is passed into the nostril, the lower end of which is flanged, so as to be easily held, and so remove the fingers from the heated cautery. The top part of the shield is so made as to embrace the part to be removed by the cautery. The electrode is small, so as to readily pass through the shield, and, when heated to a white heat, is passed quickly on to the parts to be removed. If this heat is kept up while the electrode is on the tissue there will be little or no pain. But in nearly all cases administer nitrous oxide as the anæsthetic. In all these operations the parts should be kept well cleansed.

The following cases will serve to illustrate the method of treatment:

CASE I.—J. F., aged 24 years, predisposed to catarrhal conditions, and probably was never

entirely free from it since his early childhood. There being now very little respiration through the nose, the soft palate is quite relaxed, and the uvula so much elongated that during sleep it drops down with the nasal mucus, and excites the laryngeal spasm, and he wakes up suddenly with a feeling of suffocation.

This has been a great annoyance to him. The nose is turned a little to the right. The internal examination reveals a short double bend in the cartilaginous septum that prevents respiration from both nostrils. A section was made through the cartilaginous septum with the excising nasal forceps, and the uvula was amputated. Some considerable thickening was found in the soft parts in the nasal passages, which yielded to treatment.

It is now several years since he received the operation, and he reports himself relieved of all his catarrhal difficulty. Has no more laryngeal spasm during sleep, and respiration through the nose quite free.

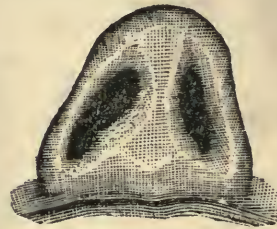


Fig. II.



Fig. III.

Fig. II. represents the deviated septum with a slight displacement of the nasal spine. Fig. III. the same after the operation.

CASE II.—E. G., of Brooklyn, was referred to me by Dr. C. R. Agnew. Has been suffering for some years with naso-pharyngeal catarrh, and in consequence has deafness of the left ear.

The cartilaginous nasal septum is considerably longer than normal, and it takes an acute bend just at the vestibule to the left, entirely closing up the left nostril. The nasal spine is also carried to the left. Both the septum and spine protrude from the vestibule, pushing to the right the columna nasi.

Treatment consisted in making an incision over the protruding end of the septum and spine, denuding the soft parts, pushing them back, and amputating a half inch of the septum with one of the excising nasal forceps. The soft parts were brought together again and united by sutures.

This restored respiration, the good effect of which was seen by great improvement in the catarrh and also in the hearing.

CASE III.—W. H., of N.Y., aged 35 years, for whom I extirpated the bones of the nose, has considerable difficulty of respiration from extensive hypertrophy of soft tissue covering the inferior turbinated bones. The protecting nasal shield was put into the nostrils, and the hypertrophy removed by means of the galvanocautery. Respiration began to improve immediately after the operation.



Fig. IV. At *a*. is seen the occluded nostril before the operation, and at *b*. the other nostril after the operation.

CASE IV.—Dr. L. de B. brings to me his wife, who is a fine singer. She is of that class predisposed to catarrhal troubles from all the mucus surfaces. Has not been able to use her voice in making clear nasal tones for some time.

Has a small pleuritic adhesion of the left lung behind, but, from the full distension of the lung in singing, the adhesion is so extended as to give very little trouble. There is hypertrophy of the soft tissue covering both the inferior turbinated bones, and breathing through the nose very much interfered with; considerable naso-pharyngeal catarrh, with slight ecchymosis of the left vocal cord. The hypertrophy was removed under an anæsthetic by means of the thermo-cautery.

After remaining under treatment for some time to remove the thickening produced by the stenoses she recovered her voice.

IDIOCY AND IMBECILITY NOT INSANITY.

A DEFINITION ON IDIOCY AND IMBECILITY.

By HENRY HOWARD, M.D., M.R.C.S. Eng.

Visiting Physician to the Longue Point Lunatic Asylum,
(Read before the Montreal Medico-Chirurgical Society,
November 28th, 1879.)

MR. PRESIDENT AND GENTLEMEN,—The subject which I propose for your consideration, this evening is one which I trust you will find to be of great practical importance to every medical man. It is a medico-psychological definition and classification of Idiocy and Imbecility. I presume that you are aware that authors have classified these two states of the animal man under forms of insanity. Thus under the head of "AMENTIA" we find Idiocy, Imbecility and Dementia. Such a classification has led to very many unpleasant misunderstandings between medical men, between medical men and the bar and judiciary, and between medical men and the public. But this definition is not scientifically correct, for an idiot is not a weak-minded person, all imbeciles are not weak-minded, and, correctly speaking, not necessarily insane. Again although all dementeds are insane, yet all dementeds are not necessarily weak-minded. Then, whatever the state of the demented may be, he differs altogether from the imbecile, inasmuch as he has lost something from disease or accident that the imbecile never had. To comprehend me, it is necessary that you should recognise the established medico-psychological truth, that mind and body is one, because it is upon this fact that I base my classification. I do not think it necessary for me to use any argument, at this time, to prove to you this truth, suffice it to say, that we all, by our treatment of mental diseases, recognise that fact, for, as physicians, we don't pretend to treat anything more than matter, things relating to the natural order.

Upon these premises I would define all idiots to be congenital, and to be the very lowest order of the animal man, a thing void of a mental organization, having neither intelligence nor morality, and even possessing a very low animal instinct. Fortunately there are very few of such creatures born into the world, and those that are, generally die in childhood. We never

see such a creature live to maturity, or at least very seldom. In the order of mind, then, we will take such a creature as a cypher to make our classification from, and say we take the man with an ordinary mental organization at 5, this would leave us imbeciles varying in degree of mental organizations to be classified as 1, 2, 3, 4; then, again, we must remember that all of those in these different grades of imbecility are not necessarily mental imbeciles, for such a name would signify that all were both intellectually and morally imbecile, which, as experience shows, would be taking a very false view of this class of persons, inasmuch as some of them are weak or imperfect in intellectual faculties, some in their moral faculties only, and others again who would properly come under the heading of amentia, being weak in their whole mental organization. Class No. 1, these, are to be found in all insane and imbecile asylums; they are morally and intellectually imbecile, so low in their whole mental organization as to incapacitate them from ever being taught even to keep themselves clean, or to eat, except in the most filthy manner. Nothing can develop their mental organization, they always remain dirty, filthy, vicious creatures; you rarely find this class live to the age of puberty. This is the class that persons generally designate as idiots, but they are not idiots, for they have some intelligence, although of a very low order. Class No. 2 are both intellectually and morally low, that is, they are mental imbeciles, but their intellectual faculties are lower than their moral. The best specimens of this class are to be found in asylums. By age and favorable circumstances their mental organization develops to a more or less degree, so they can be taught to be useful in the asylum, running of messages, &c., even some of them are taught to read and sometimes write, but, as far as my experience goes, they don't understand much of what they read about. Sometimes they become insane, and amongst them we find a number of epileptics, hæmiplegiacs and aphesiacs, and medical treatment in such cases I have found worse than useless. I have not been able to find that there was any very strong sexual desire in this class, but, when not brought up under favorable circumstances, they frequently sink into a state of brutality. It is from amongst the males of this class when there is strong sexual desire that

we find those erotic imbeciles so dangerous to be permitted to be free from restraint, who are in reality a dangerous class in society. You see, then, that the first or lowest class of imbeciles are mental imbeciles; the second class are also mental imbeciles, but that they vary very much. Some have their intellect more weak than their moral faculties, others have their moral more weak than their intellectual faculties, but, like class No. 1, they must always be under control. There are two peculiar characteristics, as a rule, in this class of imbeciles, and these are, that they are the most inveterate thieves and liars. I don't believe that they see any wrong in lying and pilfering. We sometimes find persons of this class dangerously maniacal, but I never saw amongst them a case of hysterical mania. No. 3. This is the really interesting class of imbeciles; they are a perfect study, and the more we study them, the more interesting the study becomes. They vary so much in intelligence and in morality. If you want to find a high moral faculty you may, as a rule, look for it in this class, although with it you will find a low intellectual faculty. They are generally clean in their habits, well conducted, honest and truthful, the women making good wives and the men good husbands, and both loving parents, hard working and industrious, very thrifty and fond of saving up money. They are, however, very sensitive and impulsive and easily roused to anger, when they immediately lose all self-control, and will commit a murder without knowing the consequence of their act, or perfectly realizing what crime they have committed. You will meet this class amongst the high and low, the rich and the poor. I have spoken generally of this class, but I must add that there are some of them morally as well as intellectually imbecile, and when they are, they are not much removed from brutes, and if their surroundings are bad, they become the most low, degraded, brutalized creatures, that nothing can improve; the only thing that can be done then with them is to lock them up for life. Every where we turn in our daily walks of life we meet this, the third class of imbecile, where the intellectual faculties are much below the average, and the moral faculties on the average good. Perhaps the best public sample of such a one is a man whose name you have all seen lately in the

daily press, the husband of the unfortunate woman Susan Kennedy, who, after killing the woman in Griffintown, cut off her head and hand,—I mean JACOB MEYERS. We now come to the fourth class of imbeciles, that class where, intellectually speaking, we find so much difficulty in drawing the distinction between them and class five, which we call the class of ordinary mental organization. I say it is so difficult to define, because it is like daylight fading into twilight, it is hard to draw the distinct line, yet are they intellectually inferior to class No. 5, but to see this distinction requires time and great observation. However, this class No. 4 are those that are the purely moral imbeciles, the habitual criminals, the criminal class of society, who begin their life of crime in childhood and continue throughout their life to old age. In youth they are found in reformatory prisons, where they are not reformed. After the reformatory comes the common prison and penitentiary, from whence they frequently find their way to the lunatic asylum to finish their lives. Poor moral imbeciles, criminals because of their organization, a curse to themselves and society. I know nothing of the woman Susan Kennedy but what I have read of her, and I have read all that has been written of her, and consider her to be one of the best public samples of this class of moral imbeciles that I know of. I don't consider that she was at all insane, but simply a moral imbecile, brutalized by drink and debauchery. I have endeavored to make clear to you that there are four distinct degrees of intellectual imbecility, that classes Nos. 1 and 2 are combined to a more or less degree with moral imbecility, that No. 3 may or may not be combined with moral imbecility, that in No. 4 there is more of the moral than of the intellectual form of imbecility. I must now add that, as a matter of course, such intellectual imbeciles must not necessarily be moral imbeciles, and again, that moral imbecility is not confined to those of weak intellect. On the contrary, we find men and women whose high order of intellect draws to them thousands of admirers, who are of the wicked the most wicked, and who are so in virtue of their being moral imbeciles. They have their peculiar characteristics by which they are well known, and these are egotism, intellectual pride and selfishness, which makes them unjust and ty-

rannical. Yes, mark the man, or woman, puffed up with egotism, selfishness and intellectual pride, and you may be sure that there you will find the true moral imbecile. These are the SPIDERS, the weavers of society, who are always weaving the web into which they may envelop the innocent and unwary, and these weavers weave their web so fine and delicate that we cannot see it, and only discover its strength when enveloped in its folds. Then in vain the innocent may struggle, nothing but death can deliver him from the net.

You will naturally say, are not all men good or bad, to a greater or lesser degree? I answer most surely; and, in answering the question as a psychologist, I maintain that the state of man we call good, and that state we call bad, is dependent upon our mental organization. Remember I don't deny the influence of education, religion, moral training, &c., to aid in the developing of man's mental organization, and how, for the want of these surroundings, some organizations are never developed; but what I do maintain is, that whatever a man is, that he is in virtue of his mental organization, and that, as there are some intellectual faculties so malformed that nothing will develop them, so also is it with some moral faculties.

What practical benefit is to be derived from my definition and classification of imbecility. In a former paper I read before you I defined insanity to be the losing of mental sanity, from any cause whatever, in a greater or lesser degree; now, if this be a true definition of insanity, it follows from what I have said of imbecility, it being due to congenital malformation, that it cannot be classified under the head of insanity; but that an imbecile can, like any other person, become insane, by losing, in part or whole, what amount of mental sanity he may possess. You see at once, gentlemen, how important these facts are to you as medical jurists. Then, with regard to responsibility, you see how important it is that we should recognize different degrees of imbecility if we recognize different degrees of responsibility. Then, when we come to examine into the question of reformatory prisons, the cause of failure in the majority of cases, see what an assistance such a classification will be. Then the great and important question of education, when you are called upon to give your opinion of the over-

worked school-boy, or school-girl. Will not this classification be an aid to you in the advice you will give to the parent or teacher. With this classification you won't call the over-worked *demented* school boy, an imbecile; on the contrary, you will know you have a purely medical case to treat, a case of acute dementia, and this case you would not send, as an incurable, to an asylum, but you would have tenderly nurtured and cared for at home—hoping that time and rest would enable the poor over-worked brain to recuperate itself. Again, you receive papers from the Provincial Secretary to fill up, to have a person admitted as a government patient into one of the Provincial lunatic asylums. Will not this classification prevent you from calling a harmless imbecile, or an idiot, an insane person, placing the visiting physician, your confrère, in a false position with yourself with the friends of the patients, with the proprietors of the asylum, and with the public, so that when he, as in duty bound, and in accordance to law, rejects such an application, you are angry, and all the friends of the rejected, harmless imbecile, become his mortal enemies. Or, what would be still worse, the visiting physician admits the harmless imbecile, because he had been represented as a very dangerous person; afterwards, in his visiting the asylum, and seeing the patient, he finds that he has been deceived, and, as in duty bound, he reports the fact to the Honorable Provincial Secretary, recommending the discharge of this harmless imbecile; then comes the trouble; in a day or two, the newspapers announce to the community the astounding intelligence that the visiting physician is letting loose upon the community dangerous lunatics. Now I am sure none of you would wish to place a confrère in such a false position, yet it is exactly what has been done, and what any one of you might very innocently do if you consider imbecility to be a form of insanity. I might quote for you such physiologists and pathologists as Crichton Brown and Professor Benedict to prove to you the deformed and distorted brains which are found in the imbecile class, and how these malformations differ, some of the brains resembling more the brains of the lower brutes than man, but it will be sufficient that I give you a synopsis of one of the best reports that I have met with on this subject, taken from the *Journal of Mental*

Science for October, 1879. The report is headed "A detached left occipital lobe and other abnormalities, in the brain of a Hydrocephalic Imbecile. By A. Campbell Clark, M.B., Assistant Physician Royal Edinburgh Asylum." After a most exhaustive report, he says: "The leading features, then, of this case briefly are:

I. CLINICAL.

1. Mental defect coming under the definition of imbecility.
2. The faculty of memory not impaired, and that of speech child-like.
3. Paralysis of right arm and leg with defective sensation of same side.
4. Convergent strabismus of right eye during life, and double convergent strabismus a few hours before death.

II. PATHOLOGICAL, A MACROSCOPIC.

1. A symmetrical condition of cranium as regards general contour, thickness of bone, size and form of fossa and vascular grooves.
2. The existence of three cysts—two containing clear serum, the other (smallest) bloody serum and fibrous clot, the cyst walls formed by thickened arachnoid, and with an external covering of dura mater, but more or less free from these membranes in the floor of the two large cysts. The absence of arachnoid at base of brain, and the presence of a bony growth in anterior part of falx cerebri.
3. Destruction of brain substance, chiefly affecting, to a greater or less extent, the following convolutions: transverse frontals, gyrus fornicatus, and marginal convolutions of right side, middle and inferior temporo-sphenoidals, gyrus fornicatus and quadrate lobule of the left side, corpus callosum.
4. Arrested development of the following convolutions:—of the left occipital lobe, left ascending parietal and frontal, left Island of Reil.
5. Complete dissociation of left occipital lobe from rest of hemisphere as regards continuity of nerve structure.
6. A symmetrical development of frontal convolutions, parietals.
7. Arrested development of the following fissures: left Sylvian, left Rolando.
8. Feeble development of posterior and middle commissure of third ventricle and of corpora quadrigemina.
8. Absence of Sylvian aqueduct.

B. MICROSCOPIC.

1. The comparatively healthy state and fair development of the nerve elements in left occipital lobe.
2. The intra-gyral association system demonstrated in the latter.
3. The right occipital lobe more extensively degenerated in its white substance than the left.
4. The deficiency of nerve fibres in left ascending convolutions, and their pyramidal cells relatively smaller and fewer than on the right side.
5. Degeneration of cells in ascending frontal (right) and corpus dentation and floor of ventricle in medulla oblongata.

This, gentlemen, is a very extreme case of imbecility, and you would not expect to find in every low form of imbecility such a brain, but you would find in the brain of every imbecile, differing in degree, that it was malformed or malproportioned, that there was a diminished number of convolutions, that the sulci were shallow, and that there were but, comparatively speaking, few cells in the cortical substance; in fact in the very highest order of the imbecile brain, that there was a want of development in these different parts.

I am not going to point out to you the different pathological changes produced in the brain of the dement, by what Crichton Brown very expressively calls the "brutal" experiments of disease, but simply to say that such a brain in no respect resembles the brain of the imbecile.

I have based my classification of imbecility upon the science of medico-psychology, and I hope I have said sufficient to convince you that my classification is not arbitrary but scientific and of practical importance. Non professionals would say, why, according to this man's views, every man living is more or less of a moral imbecile, for he admits, or must admit, that every man is more or less wicked. Precisely so, it is not at all times that outsiders unintentionally would speak such a solemn truth; that is exactly what I do hold, that there is no such thing as yet, to be found in man as a perfect mental organization, and that whatever a man is, that he is in virtue of his mental organization. Two men are born on the same day; they are brought up and educated intellectually and morally under the self-same circumstances, and with the same surroundings; they are both equal in in-

telligence, but they differ as far as it is possible for men to differ in their moral qualities. One is an upright, honorable, straightforward, honest man in all his dealings with his fellowmen, and withal just and benevolent; and when he does wrong repents of his wrong and makes the *amende honorable*. The other is a cheat, a liar, a thief, an oppressor of the poor, a tyrant, in one sentence a dishonorable man, a man who never regrets the wrong he does, in fact the only evil he believes in is that he should be found out, and made to suffer for his crimes. Now, what makes these men to differ? Simply that one has a good moral faculty, the other a bad, so bad, that nothing could develop. "Can the Ethiopian change his skin, or the leopard his spots." How far such men are morally responsible I leave it to others to decide, but, whether or not, good men should be on their guard of them.

I would have you to bear in mind that imbecility, whether it be intellectual or moral or mental, that it differs from intellectual or moral or mental insanity, in so far as that imbecility is due to malformation of one or more of the mental faculties, leaving them in that state that they only become developed to a small degree, whereas insanity is due to some disease, whether functional or organic, of the mental organization. I am particular in recurring to this fact, for in many cases of insanity there is a great resemblance to imbecility. I have already alluded to a form of acute dementia, which so very much resembles intellectual and in many cases mental imbecility; but remember in one case there is hope of recovery, whereas in the other case there is nothing lost, consequently nothing to recover. Then there is chronic dementia, which so resembles mental imbecility. Grant that few chronic demented ever recover, yet some do. I have had cases myself where in one case recovery took place after four years and another after seven, after that I had given up all hope of recovery, and I find reported in the *Journal of Mental Science* of a case of recovery after twenty years. Then again there is some very striking resemblance between the morally insane and the moral imbecile. Where there is good intellectual faculties they both generally suffer from the same delusions. Both of them believe themselves to be something very great and something very impor-

tant; they labor under the delusion, "after them the flood," that every one is conspiring against them, that every one is jealous of them; they see evil where there is no evil dreamt of, the unfortunates; they judge every one by their own malformed or diseased moral faculties. As many persons, even in our own profession, have very erroneous ideas of hallucinations and illusions, I will conclude this paper with a few remarks on this peculiar state of our mental organization, particularly with the view of showing that they are not necessarily symptoms of insanity, and rarely found in imbeciles even when they become insane. Persons feigning madness generally overdo it, particularly by pretending to hallucinations and illusions. When ignorant persons wish to impress a medical man with the idea that an imbecile is insane, they invariably make the same blunders; they find out these hallucinations and illusions, but you cannot, no matter how frequently you may see the patient. By some strange occurrence, they never take place when you are present, it is always during your absence. Now, the fact is that intellectual imbeciles, and those are they that are brought under our observation, rarely if ever suffer from illusions or hallucinations even should they become insane, nor is it by any means a necessary symptom of insanity. Insanity can exist without these symptoms, and certainly we would not be justified in placing a person under restraint because he suffered from either illusions or hallucinations. I know an old gentleman who is a monomaniac for the last twenty years, laboring under the delusion that his wife and children have conspired to poison him, and takes the greatest possible precaution, cooking his own food lest he should be poisoned; yet, this man attends closely to his business and provides well for his family. Eighteen years ago I refused to have that man detained in a lunatic asylum. We very frequently find aural delusions and sometimes optical hallucinations remain long after all the other symptoms of insanity have ceased to exist. Under such circumstances I do not think it justifiable to detain such a case in a lunatic asylum. There is a gentleman living here in Montreal, well known to some of the members of this Society, who has been no less than six times under my care, in the space of

fourteen years, for attacks of mania. I doubt very much if that man is ever without aural delusions, yet he is a man that attends most closely to his business. In the month of June, 1879, with many other patients, I discharged a man while still laboring under aural delusions, all other symptoms of insanity having disappeared for some months previous. The man went to his work the following day, there has been no return of insanity, and his delusions soon disappeared. A big drunk or some derangement of the liver will frequently produce hallucinations and illusions, which will disappear after the patient has had the benefit of a blue pill and a sedlitz. There is no one suffers such terrible hallucinations as the man with delirium tremens. I have mentioned these cases to you not as a proof that maniacs do not suffer from hallucinations and illusions, but that there can be either the one or the other existing without the person being insane. As soon as you find a man capable of reasoning sufficiently to recognize that his illusions are subjective, not objective, you may be sure of a speedy recovery. Dr. Prosper Despine, speaking of hallucinations in the mind of healthy persons, says: "Hallucinations produced by prolonged thought and pre-occupation in the mind in healthy persons. The stimulative (excitative) and congestion of the brain by prolonged exercise of thought, by exaltations from noble feelings, has been a cause of hallucinations in many illustrious persons."....."Hallucination is contagious amongst the exalted, passionate, or fanatic. A person in a state of exaltation affirms that he sees or hears the objects of the thoughts and aspirations of the assembled members, and this being vividly impressed on them they eventually come to believe that they can see and hear the same." With all due deference to such an authority, I would be far from considering a brain healthy when it became congested no matter what was the cause. Speaking of illusions the same author says: "Illusions is to hallucinations what slander is to calumny, illusions embellishes reality, hallucinations invents the whole appearance; psychic illusions take their origin in the domination, in the blindness of the mind by passion. Illusion is of two kinds, *external* or psycho-sensorial. The mind sees objects not as they are but as the predominating pas-

sion causes them to appear. Secondly, *internal* or *psychic*. The ideas which the imagination conceives under the influence of *passion* are taken for realities."

M. LÉVY of the Sal Pietre, in a lecture on cerebral duality, thus accounts for these phenomena: "Though the cerebral lobes under certain conditions act synergetically, there are circumstances under which this does not occur. In spoken and written language, the left hemisphere alone enters into action."....."In certain cases of insanity (*hallucienis lucides*) the co-existence of sanity and insanity gives a rational explanation of the integrity of one lobe, and the morbid hypertrophy of certain regions of its fellow of the opposite side."....."In a great number of psychopatic conditions ungovernable impulses, alienation with consciousness, and the morbid states can have no other rational and true physiological explanation than a transient discord between the hemispheres, one acting irregularly the other normally."

What a wonderful knowledge of ourselves and others we obtain from the study of psychology, physiology and pathology. We see the physical suffering of the human race from a thousand different diseases; and we ask ourselves the question, why all this suffering? for what end? We know it is not necessary to procure death, for death can take place without any physical suffering. I think I hear some of you say, to give practice to medical men; well, although this would be a narrow view, it would be as intelligible an answer as the majority of men give to the question. I think, however, that we would answer the question more scientifically by saying it was due to our continual breaches of natural laws. Great, however, as the evil is, it is by this evil that we most successfully study the physiology of man; and look to what knowledge this study has lead, and is leading us to: look at how, bigotry, fanaticism, and superstition are falling down before the scientific knowledge attained by the study of psychology, physiology and pathology. There are occurrences which take place before our eyes every day that would be incomprehensible, only when we look upon the actors from a psychological stand-point. We see good men accused of crimes that they never even dreamed of committing, and the accusers will be those whose characters

stand so high before the public that the most just man won't know what to think, or what to believe. He knows the accused, and he cannot believe him guilty; he knows the accusers, and he shrinks from believing them guilty of such a premeditated crime as to try and destroy the character of an innocent person. The psychologist explains in the words of Dr. Prosper Despine: "The ideas which the imagination conceives under the influence of passion are taken for realities." No wonder that "SHAKSPEARE" should make the unhappy Hamlet say to "HORATIO," "Give me that man that is not passion's slave, and I will wear him in my heart's core, aye in my heart of heart, as I do thee?" And it is this psychological knowledge that made "MR. MAUDSLEY" pray, in the words of the Arabian philosopher: "O God be kind to the wicked; to the good thou hast already been sufficiently kind in making them good;" and when we hear of these crimes so difficult to comprehend let us just remember that moral imbecility is not confined to the intellectual imbecile, and that we very frequently find it existing where we least expect to find it, and, while we carefully guard ourselves against the intrigues of these moral imbeciles, remember that "we cannot gather grapes from thorns, nor figs from thistles."

ON THE ANTAGONISTIC ACTION OF BELLADONNA AND OPIUM.

By CHARLES BLACK, B.A., M.D.

PITTSBURG PEN., U.S.

As cases of poisoning by opium and belladonna are becoming very frequent, the notes of the following cases may be of general interest. In most of the cases, the quantity of the drug taken was sufficient, under ordinary circumstances, to have caused death; and in all, the effect of one drug in nullifying the physiological action of the other was most marked. The results of the treatment of the cases of opium poisoning were such as to prove that we have in belladonna, or its alkaloid, atropia, a most valuable means of treating such cases; one upon which we can rely, and one which we need not fear to use heroically if necessary. I am aware that in some cases it will fail, as will the most perfect chemical antidotes in cases of poisoning by the mineral salts and acids.

CASE I.—G. R., æt. 8, a girl of highly nervous organization, was placed under my treatment for enuresis, which had resisted all ordinary tonic treatments: iron, nux vomica, cold baths, had all been tried without any benefit. I resolved to give belladonna a trial, and gave one-sixth of a grain of the solid extract three times a day in some bitter tincture. On the evening of the first day she had taken the drug, I was sent for in haste to see her, "as she was talking and acting so queer." I found her delirious, pupils widely dilated, extremities cold; and marked double vision. She had taken three doses of the medicine. I gave her an emetic of ipecac, which acted promptly, bringing up a quantity of popped corn which she had eaten in the morning. I then gave hydrate of chloral gr. iij and pot. bromide gr. v every hour. After taking three doses, there was no improvement in the symptoms. I then omitted the chloral and continued the bromide through the night. I called at 7 a.m., found her still awake, pupils dilated, great prostration. I left two powders containing half a grain of opium each, to be given one hour apart.

At 3 p.m. I returned, and found her sleeping quietly. I was informed that, after taking the second powder, she fell into a quiet sleep. The pupils were now contracted and extremities warm. She slept, in all, fourteen hours, and awoke quite rational, without any ill results from the various hypnotics she had taken. I need hardly say I discontinued the belladonna, and cured the enuresis with quinine and blister to spine. Here, the effect of the opium in modifying the action of the belladonna, after the failure of the chloral and bromide, was most marked.

CASE 2.—Mrs. W., æt. 34, was under my treatment. She was in the last stage of tubercular phthisis. I had great difficulty in controlling the night sweats. The mineral acids, zinc, oxide and sulphate, were tried with but little benefit. I gave her a two drachm vial containing 1 gr. sulphate of atropia, with directions to take one drop each evening, and repeat it in two hours if no ill effects were observed. This she continued for about a week, with no improvement. One evening she poured out about half a small teaspoonful of the solution, about 30 drops, as near as two could estimate and took it *at one dose*, determined, as she afterwards said, to see

if there was any good in the stuff. In a short time she felt great oppression and numbness, was barely able to alarm her friends, and fell insensible on the floor. I was sent for, and found her on the bed, breathing with difficulty, unable to articulate, pulse barely perceptible, pupils dilated. Her mother informed me that she said she would take a good dose of those drops that evening. I found the vial half empty.

I immediately gave $\frac{1}{2}$ gr. sulphate of morphia hypodermically. In a short time the pupils began to contract, the pulse became fuller, and in about half an hour she was able to speak. I then gave aromatic spirits of ammonia and brandy, and she was able to give a connected account of her symptoms. She made a good recovery from the effects of the atropia, although she complained for several days of a feeling of numbness, and the pupils again dilated for several hours. Here it is evident that, but for the morphia, she would have died. Its effect, in promptly alleviating her very alarming symptoms, was all that could be desired.

CASE 3.—The wife of a medical friend sent for me, as her husband had taken some 5 grs. of opium, and she found he had taken an overdose. He was asleep, evidently deeply narcotized. With some difficulty I aroused him, and gave 3 grs. of ex. belladonna. In about 20 minutes the pupils began to dilate, and he was easily aroused. The narcotic effects of the opium were antagonized, and he felt no desire for sleep for several hours. All the peculiar physiological effects of the belladonna were fully developed.

CASE 4.—I was sent for in haste to see a child æt. 16 months, who had been given about half a teaspoonful of a liniment of equal parts tr. opium and arnica in mistake for syrup of rhubarb.

It was fully under the influence of opium, and could with difficulty be aroused. The parents had given it strong coffee, and, as over an hour had elapsed, I deemed it useless to give an emetic. I ordered tr. belladonnæ gtt. iij. every hour, and called in four hours to see it. It was awake, pupils dilated, and had evidently no desire to sleep. I discontinued the belladonnæ, and the child recovered without any ill effects.

CASE 5.—I was called one Sunday morning to see Miss M., æt. 26, who had taken intention-

ally, in a state of mental depression, about one ounce and a half of tr. opium. I saw her about three-quarters of an hour after she had taken it; she was being kept awake with difficulty. I gave her at once an emetic of two-thirds of a tincture vial of sulphate of zinc, which I had in my pocket case, and followed it by some ipecac and copious draughts of warm water. This failed to cause emesis, although I tickled the fauces. After waiting for some time, and the narcotic effects of the opium becoming deeper, I went to the office, and made a solution of sulphate of atropia, one grain to two drachms, of which I injected hypodermically 5 minims. In about 10 seconds the pupils began to dilate, and in a short time copious emesis took place, the vomited matter smelling strongly of the opium. In about half an hour the narcotic effects of the opium passed off, and there was no further difficulty in keeping her awake. The pupils remained dilated for some hours, and she complained of numbness and double vision. After two hours sleep in the evening these symptoms passed off. This case is interesting: (1) from the amount of opium taken; (2) from the failure of the emetics to act until the physiological action of the atropia was manifest; (3) from the promptness with which the atropia antagonized the narcotic and sedative action of the opium. I am confident that, without the aid of the atropia, I would have failed to save the patient's life, as the tincture is so rapidly absorbed that the stomach pump would have been of little service.

I place these cases upon record in the hope that some of your readers will give their experience of similar cases, and that others may be induced to try the effect of the belladonna or its alkaloid in those cases of opium poisoning which come more or less frequently into the hands of every practitioner.

November 23, 1879.

Correspondence.

Editor CANADA MEDICAL RECORD.

I was a short time ago requested by one of your staff to give the readers of your paper a few facts in my experience as a practical sanitarian. I know that I cannot advance anything that would be new to the scientific readers of

your journal, but it occurred to me that a few facts in regard to the drainage and water supply, in view of the present prevalence in Montreal of a class of complaints that are generally allowed to proceed to a great extent from bad drainage, ventilation and water, might awaken a fresh interest in the subject, and result in some permanent good being done.

1st. Inspected a house in the country at the request of the attending physician, as the general health of the family had been bad for a long time, they having suffered from a class of complaints that would indicate bad drainage, &c. Found under the floor a wooden drain with rotten cover, and soil saturated with sewage; trap on W. C. non-effective; W. C. foul; situation very bad; ventilation so arranged as to poison the room above it, a sleeping apartment occupied by a young man suffering for a long time from general ill health. No trap on kitchen sink; water supply cistern connected directly with the sewer without traps in the overflow pipe. On my reporting latter fact to the family, and expressing my surprise that they had not all had typhoid fever, they exclaimed in chorus, "Oh! we have all had it." The defects were partly remedied, the proprietor of the house not being willing to carry out all my suggestions on account of expense; result—improved health of the family, and I was yesterday informed by the proprietor that the result was satisfactory, he adding, "if your city houses were arranged like mine, you would have no typhoid."

Yours, etc.,

J. W. HUGHES,

Practical Sanitarian.

Montreal, December 6, 1879.

Progress of Medical Science.

HYDRATE OF CHLORAL AND BROMIDE OF POTASSIUM ENEMATA IN THE VOMITING OF PREGNANCY.

Dr. D. B. Simmons, of Yokohama, again calls attention to this method of treatment. Further experience still more impresses him with its usefulness. The amount of each drug and the frequency of its administration depend on individual susceptibility to its influence, but in general the dose of twenty to thirty grains of each dissolved in gum-water may be injected, at short intervals, until a moderate degree of narcotism is produced.—*American Journal of Obstetrics*, April, 1879.

ON THE TREATMENT OF ENLARGED PROSTATE.

By WASHINGTON L. ATLEE, M.D.

Read before the Philadelphia County Medical Society.

One of the most troublesome, annoying, and distressing diseases that I have been called upon to treat during a long professional career, and one whose treatment until recently has been most unsatisfactory, has been Enlargement of the Prostate. As this has been the universal experience of the profession, I need not collate and record the past history of the treatment of this malady. So far as a reduction of the size of the gland is concerned, it has been an entire failure. The mechanical obstruction to micturition was considered to be a permanent difficulty, and required mechanical means to overcome it.

Neither need I lengthen this paper by detailing the symptoms of this disease, as every member of this Society must be too familiar with them.

I wish merely to call your attention to a few anatomical, physiological, and therapeutical facts, which led me to institute a rational practice in the treatment of enlarged prostate and which, I am happy to say, has proved highly satisfactory, and has surprised me in its results. My experience has now extended over several years, and although the success of the practice is, perhaps, not what many could wish, yet it accomplishes results heretofore unknown.

"The prostate is essentially a muscular body, consisting of circular or orbicular involuntary fibres, with one large central hole for the passage of the urethra, and another smaller oblique opening, directed upward below the former, for the transmission of the common ejaculatory seminal ducts to the central urinal canal ... Its circular fibres are directly continuous behind, without any separation, with the circular fibres of the bladder." *Ellis*. "The prostate is thus essentially a circular involuntary sphincter to the neck of the bladder, and expeller of the seminal fluid; but although it contains many mucous glands and follicles, intermixed with muscular fibres, it is by no means entitled to the name of *gland*. It contains, further, a small vesicle or uricle, at the mouth of which the ejaculatory ducts open, and which is believed to be the male homologue of the female uterus." *Dewitt*.

Besides the involuntary muscular tissue which enters into the composition of the prostate itself, the vessels of the gland have also in their coats the unstriped or involuntary muscular fibre. The same exists in the coats of the bladder in a very marked degree.

These involuntary muscular fibres are more or less extensible, and, when normally stretched, have an organic tendency to contract. This we see in the uterus, in the bladder, and in the diastole of the vascular system.

Now, these are the anatomical and physiological data on which I propose to base my treatment of enlarged prostate.

Let us further inquire into the pathological condition of this enlarged organ, and its consequent derangements:—

"The affection consists in a hypertrophy or enlargement of the natural muscular structure, and incidentally of the glandular. It may affect the whole organ, especially the lateral lobes, pretty uniformly, in which case the prostatic portion of the urethra is greatly lengthened; or it may affect one side more than the other, in which case the canal will be twisted; or it may affect the posterior median portion, which lies between the ejaculatory ducts, enlarging it into what is commonly called the *middle or third lobe* ... Hypertrophy or derangement of the muscular fibres at and near the *trigone* may produce a transverse bar at the neck of the bladder. The enlargement, further, may be due to an increase of the organ generally; or to the development of one or many masses of fibrous tumor, exactly similar in structure to those connective masses of muscular fibre which are developed in the womb, and are commonly known as fibrous tumor." *Druitt*.

It is well known that, in consequence of this enlargement of the prostate, the accumulation of urine becomes excessive, the obstruction to its passage becomes serious, the coats of the bladder become enfeebled and semi-paralysed, irritating deposits occur that are never voluntarily expelled, and that the catheter is the usual and only resource. Anything, therefore, which is calculated to diminish the size of the prostate and increase the contractile power of the bladder will meet all the indications required.

Have we any agent in the *materia medica* possessing the power to act upon unstriped muscular fibre and cause it to contract? It is settled now, beyond contradiction, that we have such an agent in *ergot*, and that in all cases of relaxed or stretched involuntary muscular fibre this medicine will meet the requirements. Witness, for instance, its action upon the enlarged uterus, the distended bladder, in hemorrhages, in congestion of the capillaries, etc. It is calculated not only to contract the muscular fibre of the prostate, but also its capillary vessels primarily, and also, secondarily, as a consequence of muscular contraction, and thus diminish the size as well as the nutrition of the gland. It is likely to accomplish this not only in mere hypertrophy, but also in enlargement from myomatous growths, in the same way as it does in fibroids of the uterus. At the same time that the size of the organ would be lessened and the mechanical obstruction be removed, the power of the bladder would be augmented by the same agent, and the urine is thus expelled without the aid of the catheter.

I may reduce these views to the three following propositions:—

1. That the prostate and its vessels are possessed of unstripped muscular fibre.
2. That the bladder is a hollow organ, with an involuntary muscular coat.
3. That ergot will contract unstripped or involuntary muscular tissue, as it does in the uterus.

Therefore, as a corollary, ergot ought to be a remedy for enlarged prostate and its effects.

This was the theory on which I based the practice; and whether the rationale is correct or not, my experience in the use of ergot in such cases had been most satisfactory. Several patients over sixty years of age had been treated with ergot, and have been able to lay aside the catheter after having been the victims of its daily use. When called to a case of retention from enlarged prostate, my rule is first to relieve the bladder by means of the catheter, and follow this immediately by ordering twenty drops of the fluid extract of ergot every four hours, until the patient gets entire control over his bladder. Until this is accomplished, I continue to relieve him with the catheter every twelve hours. As his power of urination is restored I diminish the frequency of the medicine, and gradually end in giving a dose every night. A gentleman who died last month, at the age of ninety-two, was exceedingly ill in August, 1872, in consequence of retention of urine from enlarged prostate, and had to be regularly catheterized for relief. He was placed upon the above treatment, and in a few days was able to do without his catheter. His urinary organs were kept in a good condition by taking a dose of ergot every night, and he enjoyed much better health in consequence, and died recently of old age. I mention this case in particular, because a post-mortem examination proved to me that the prostate had been diminished in size by the treatment.

In these cases it is very common for sedimentary deposits to accumulate in the bladder, which becomes a source of irritation and discomfort, and, if the organ should fail to expel its contents entirely, it is best every few days to introduce the catheter to remove them.—*New Orleans Med. Journal.*

ADMINISTRATION OF ETHER.

BY H. F. WILLIAMS, M.D.

It is conceded that for general surgical purposes ether is the safest anæsthetic known. It is not the object of this paper to further discuss this fact. I desire to show what probably is known to all of us, but what many seem to have forgotten. First, that it is the most disagreeable anæsthetic when carelessly and thoughtlessly

administered. Secondly, that to the careless administration of ether are due some adverse surgical results. Thirdly, a few practical suggestions concerning its administration, which will render it less objectionable.

Three times in my life I remember to have been nearly suffocated. Once when a boy by being held under water by some hostile companions; again when attempting to remove some articles of furniture from a room filled with smoke, in a burning building; and about six years since by an ether cone, in the hands of some brother physicians, who anæsthetized me experimentally. I assert now, with all candor, that of the three experiences, the last was the most suffocatingly complete. I can remember distinctly the sweet relief that approaching unconsciousness afforded, and during that period of dreaming that I was dead, and of my desire to communicate to my friends the fact that they had strangled me.

If the question was asked of any member of this assembly, Do you suffocate your patients while administering ether? we should probably receive an indignant answer; yet I venture to assert that we have all done so. And when we look for a moment to the prevailing customs, we will be forced to admit that we are still doing so.

The inventive genius of the nineteenth century has expended no little of its energy on ether inhalers. I have hardly a kind word for any of them, and certainly nothing but condemnation while the patient is conscious. We are all familiar with what is claimed for them. They fit the face accurately; they supply air evenly, but in restricted quantities; they economize time and ether, etc. The more surely are these indications met, more surely are we bound to produce primary suffocation.

It is not always easy to persuade the patient that her predecessor in the use of the inhaler did not temporarily mistake it for the cuspadore, and after a little use the evidence is discernible by both sight and smell. It is true they can be cleansed, but ordinarily a little washing in cold water is all the cleansing they receive.

We are led from experience to expect the "period of excitement," but it is an interesting question what relation the injudicious application of the inhaling apparatus has to the causation of this. In the first few inspirations a proper regard for the patient's request is observed; very soon, however, he is considered irresponsible for his ideas, and force is required to restrain him. A man will fight for breath as long as he has breath with which to fight, and he is past all persuasive influence when he begins to experience the sensations that he can properly mistake for approaching death; hence he struggles until he is overcome by exhaustion, or overpowered by brute force. Patients in this condition have to be controlled, but I

know that a little thoughtfulness will rarely render force called for. In other words, "period of excitement," "taking ether unkindly," are terms synonymous with carelessness and thoughtlessness on the part of the administrator. Is it not probable that systemic conditions demand, in time of surgical necessity, all possible tranquility of circulatory and nervous action? And this brings me to my second proposition.

2d. To the careless administration of ether are due some adverse surgical results.

There can be nothing salutary to the most trivial operation in the chain of phenomena that begins in suffocation and ends in exhaustion and nausea.

If we look for a moment at the physiological inspiratory act, we find that air enters the nostrils, and during its passage to the larynx and trachea it encounters anatomical regions that serve to purify it and moderate its temperature. In health and in ordinary exercise breathing can be conducted properly; but when from causes like a closure of the nasal passages from influenza, or from over-exertion, air cannot enter the lungs in sufficient quantities, the mouth is brought into requisition and we respire comfortably. If the over-exertion is continued, soon the accessory muscles of respiration are called upon for over-action, to free the lungs of their rapidly increased burden. But it is clear that the mouth was never intended as a respiratory passage, and when from indiscretion or necessity over-exertion is made in a cold atmosphere, the bronchial mucous membrane suffers. Thus in a cold winter's morning we involuntarily avoid continued conversation, and the amount of exercise we take is proportionate with our normal breathing capacity. Violence of action at this time leads directly to congestion, possible hemorrhage or pneumonia.

The vapor of ether is as frigid a medium as we are likely to inhale in the north temperate zone. Given the conditions I have previously described, and we have all the essential elements to cause any amount of pulmonary mischief.

Observing the usual instructions concerning the patient's preparatory condition—selecting pure and fresh ether—being provided with general and cardiac stimulants—it has been my practice to administer ether in the following manner: Being provided with a sponge slightly excavated, and surrounded by a towel or paper, or both, to prevent any unnecessary escape of ether, the patient is apprised of the sensations that will supervene until unconsciousness is reached.

Complete confidence having been attained, the patient, lying down, is directed to close his eyes and breathe quietly through his nostrils. During inspiration the sponge is applied, so that a good admixture of air is taken; it is

then quickly removed. Those who have experienced the simple removal of an unnatural and obstructing substance from the nose and mouth can best appreciate the great relief this will occasion, especially as the process continues.

Inspiration again occurring, the sponge is again applied and removed as before; this continuing, the patient is gradually accustomed to the ether, becomes unmindful of the successive invasions of the sponge at each rhythmical application. Soon the sponge can be retained in position for awhile; but at the first indication of discomfort it should be removed and applied as before until the patient becomes indifferent to its presence, or unconscious.

I have in this manner produced anæsthesia without a movement on the part of the patient of any importance.

I have quieted others when the contest raging between them and their subduers seemed very uncertain.

Still it is not always productive of such good results. Ether is an intoxicant, at best, and we cannot expect rational actions from giddy cerebri; but I claim that the delirium will be less violent, and the exhaustion less, if the patient's last conscious act is not an attempt to free himself from a hard concave inhaler in the hands of a thoughtless physician.—*Abridged from the October proceedings of the Medical Society of Kings County, New York.*

RECENT PROGRESS IN THE TREATMENT OF CHILDREN'S DISEASES.

By D. H. HAYDEN, M.D.

On the Use of Benzoate of Soda in Diphtheria.—Dr. Ludwig Letzerich.* The author's studies of the above remedy in diphtheria were instigated by the experiments carried out by Graham in the laboratory of Professor Klebs, in Prague. The cases subjected to treatment, in addition to numerous sporadic ones, embraced twenty-seven, which came under his care during an epidemic of the disease in Berlin. Of these, three were adults, and the remaining twenty-four children; and eight were severe cases, with extensive local affections and dangerous general symptoms. None had been subjected to any other treatment, whether local or internal. There was a fatal result in only one case, a child, who had been much run down in health before the attack, who was badly nourished, and who had a disposition to trouble of the respiratory organs. Of the eight severe cases three were boys and five girls, and their ages were

*Berliner klinische Wochenschrift, February 17, 1879.

*Vide Archiv für experimentale Pathologie und Pharmacologie, von Klebs, Schmiedeberg, und Naunyn., Band x., Heft 3 und 4.

between five and eight and a half years. In all these cases there were high fever, delirium, retention of urine and of fæces, existing often before the extensive local affection had made its appearance. In the blood there were found numerous bacteria and plasma corpuscles (*Plasmakugeln*), from which, by cultivation in veal broth, very large colonies of micrococci became developed.* This development, in the chambers for cultivating the micrococci (*Kulturmammern*), at a temperature of 86 degrees to 95 degrees Fahrenheit, was completed in a few of the cases before the extensive exudations upon the tonsils and pharynx had made their appearance—a proof that the general infection often takes place a long time before the localization of the disease makes its appearance. This is well illustrated in typhoid fever.

What is the action of benzoate of soda in diphtheria? It has been shown, the author alleges, by the experiments of Graham, that certain quantities of this remedy, when introduced into the system of an animal infected, will in a certain time put a stop to the "vegetation of the diphtheritic poison," the amount necessary for this purpose being determined by the weight of the body. In this manner, accordingly, the dose for children and adults is regulated, and it is claimed by him that, up to the present time, there is no other remedy that exercises so rapid, continuous and therapeutic an effect upon the development and course of the diphtheritic process as benzoate of soda. His formula for infants under one year old, is:

R. Sodæ benzoat. pur. .5.0 or Sodæ benzoat. pur. 3 i.
 Aquæ destillat., Aquæ destillat.,
 Aquæ menth. ppt. .aa 40.0 Aquæ menth. ppt. aa 3 i.
 Symp. cort. aurantii. 10. Symp. cort. aur. 3 ij. M.
 S. One half tablespoonful every hour.

The dose for children between one year and three years of age is given as seven to eight grammes (two drachms) dissolved in three and one half ounces of the vehicle, the whole amount being given in the course of the day in half to one tablespoonful doses. For children between three and seven years of age eight to ten grammes (two to two and one half drachms) are given in the same way. Those over seven years old take ten to fifteen grammes (two and one half to four drachms), and for adults the dose is fifteen to twenty-five grammes (two and one half to six drachms) daily in four and one half ounces of the vehicle.

An unpleasant after-effect of the medicine has never been observed, not even in young infants.

The diphtheritic membrane was treated with benzoate of soda in powder, being sprinkled on or applied through a glass tube or quill. There is no slough formed, and thereby the danger is averted of its acting as a firm covering under which an energetic development and growth of the organisms can take place.

The insufflation was made every three hours in severe cases; in the milder forms two or three daily. With older children a simple solution of the salt (ten to two hundred) was used as a gargle.

The author cites the following case as a typical illustration of the way the medicine acts upon the general infection, the effects being quite uniformly noticed after twenty-four to thirty-six hours:

W. L., eight years old. Treatment began on June 19, 1878, the second day of the disease:

June 19th,	evening,	106.3° Fahr.	pulse 136
" 20th,	evening,	102.2° "	" 124
" 21st,	morning,	101.6° "	" 114
" "	evening,	100.4° "	" 112
" 22d,	morning,	99.5° "	" 104
" "	evening,	98.6° "	" 104
" 23d,		normal,	normal.

In the above case the membrane on tonsils was very extensive, and was powdered. On the second day of the disease it became circumscribed, thinner, and somewhat more transparent, and on the 5th had nearly disappeared. The medicine was continued a few days after this date, but at longer intervals, and the small exudation spots were powdered twice daily, until the last remaining portion had completely disappeared on the eighth day of the disease.

The records of many other children, equally severely affected, and of different ages, gave nearly the same results as the above, and the effects of the medicine were always the same. The author recommends this remedy highly in gastric and intestinal catarrh, particularly of infants, and states that at times the results are surprising in these latter cases. He recommends it likewise in (*Mycotischen*) catarrh of the bladder, and firmly believes in the statement of Klebs (to whom we are indebted for the employment of benzoate of soda), that it is to be recommended in all diseases which originate by infection.—*Boston Medical and Surgical Journal*.

A GIANT BIRTH—THE CHILD WEIGHING TWENTY-THREE AND THREE-QUARTER POUNDS.

By A. P. Beach, M.D., Seville, Ohio.

At the request of many readers of the *Medical Record* I am persuaded to report a case of labor which I attended a few weeks ago. The great size of the child at birth was the remarkable feature of the case, it being probably the largest human birth on record. It perhaps would be well to state here, that when we take into consideration the immense proportions of the parents, the size of the child need not astonish us. The mother, Mrs. Capt. M. V. Bates, whose maiden name was Annie Swan, of Nova Scotia, stands 7 feet 9 inches in height. Capt-

ain M. V. Bates, formerly of Kentucky, is 7 feet 7 inches in height. These large people have, undoubtedly, been visited by many of the readers of this journal, as they have given public receptions in nearly all of the large cities and towns of Europe and America.

At 12, M., January 15, 1879, I was called upon to attend this lady in confinement, it being her second labor. I found her surrounded with competent attendants, and everything in order and at hand that would in any way add to her comfort and convenience. Her pains were quite infrequent and light. After a convenient time, with my patient in the usual position, I proceeded to make an examination, but was unable to reach the os uteri, it being so far up. I could not with my hand, by any ordinary effort, make a satisfactory examination, but concluded that she was in the initial stage of labor. She remained in much the same condition for the next 24 hours, passing the night comfortably, and I saw no necessity for any interference with the order of things. At the end of 36 hours the pains became more frequent, and on examination I found the os dilating and labor progressing favorably. The head engaged: position, second occipito-anterior. Notwithstanding the long interval between pains the head made good speed through the depth of pelvis. At 4 p.m., on the 18th, while conducting an examination during pain, the membranes gave way spontaneously and the amniotic fluid came pouring out so profusely as to startle every one. I had my patient very close to the margin of the bed, as was necessary in order to facilitate manipulation on account of her great size.

The bed was well protected with rubber blankets, which carried the waters over the side of the bed where they were caught in vessels to the amount of five gallons. That lost by absorption and evacuated with succeeding pains, would make the total of water not less than six gallons. This was, undoubtedly, a case of dropsy of the amnion, co-existent with general dropsy, from which she suffered to some extent during the last months of pregnancy.

Soon after the rupture of membranes the fetal head was disengaged, and in the soft parts. The mother was in good condition, the fœtus seemed strong and healthy, and everything indicated a speedy and successful termination. But here the trouble began. After the escape of the waters all pain ceased. The great abdominal muscles which had been so much distended lay lax over the fœtus like the blanket which covered the person of the mother.

Inertia was complete. There was no pain except as the result of manipulation. Ten grains of quinine, Squibb's ergot, and brandy were administered. The forceps were resorted

to early, but all to no purpose. The forceps could not be successfully applied because of the unusually large head which lay, with the neck, in a vagina that would measure on its posterior aspect 12 inches at least, and from 7 to 9 in its anterior. The safety of the child was my great fear. The head was seemingly almost born, but the shoulders were fast. How to disengage them was the question. The hand could not be passed to reach the shoulder. I had telegraphed to Dr. J. D. Robinson, of Wooster, O., who now came to my assistance. He attempted the use of the forceps with but little success. The child could not be so delivered. After further consultation, as it was our great desire to deliver if possible, without mutilation, we passed a strong bandage over the neck of the child and while one made downward and lateral traction, the other after several attempts succeeded in bringing down an arm, and finally after a laborious siege we succeeded in delivering our patient of a male child. It weighed $23\frac{3}{4}$ pounds; its height 30 inches; breast measure, 24 inches; breech, 27 inches; head, 19 inches; foot, $5\frac{1}{2}$ inches in length. The secundines, which were soon removed, weighed 10 pounds. The mother was considerably exhausted, but is making a good recovery. Mrs. Bates, six years ago, gave birth to a dead child in London, weighing 18 pounds, and 24 inches in height. She was attended at the time by one of the celebrated obstetricians of that city, who encountered the same difficulties in delivery that I had.

[We believe that this is the largest infant at birth of which there is any authenticated record. Cazeaux refers to one that weighed 19 pounds. There is a fœtus in the London Hospital Museum 24 inches long. The average length is 20 inches; average circumference of head $13\frac{1}{2}$ inches. The placenta usually weighs one-sixth as much as the fœtus. In this case the secundines in all weighed nearly half as much as the child.]—*N. Y. Medical Record.*

PRURITUS VULVÆ.

In the October number appears an article from the editor on "Pruritus Vulvæ," which reminds me of a case which came under my care about two years ago. The lady was married, about thirty-three years of age and the mother of one child, born about seven years ago. When called to her, found her suffering the most intense agony from pruritus vulvæ; in fact was almost distracted, her distress was so great. She had been suffering for twenty-four hours, and been using such domestic remedies as occurred to her mind, and, on account of the nature of the malady, felt a delicacy in making her situation known.

Upon examination found the external geni-

tals somewhat swollen and covered with minute vesicles; the inner side of the labia, urethra and entrance to vagina extremely red and tender; did not examine with the speculum. There was a slight leucorrhœa. I prescribed as follows:

R. Soda Borate Pulv..... 1 drachm.
Plumbi acet..... $\frac{1}{2}$ drachm.
Tr. Opii..... 1 drachm.
Aqua Distil..... 8 ounces.

M. ft. sol.

S. When used dilute with one-fourth the quantity necessary of warm water. Apply freely on cloths saturated with this solution to the external parts affected, and also between the labia—this to be repeated two or three times every fifteen minutes or twenty minutes. Then inject one ounce of solution into vagina with a common glass syringe. This greatly ameliorated her sufferings. These applications were immediately followed by a free application of:

R. Glycerine..... 1 ounce.
Acid carbolic..... 20 drops.

M.

The relief was immediate and complete. The pruritus returned subsequently in a very light form twice, but in each instance relieved immediately by the same remedies. About two years previous to the first attack, I treated the same lady for chronic inflammation and erosion of cervix uteri. Did this have anything to do with the pruritus? This lady enjoys fair health, is regular in her menstrua, but has no children.

I treated a lady only a few months since with the same course, and a like result. This lady was pregnant, supposed to be in her third month, but otherwise enjoyed good health.

Athill recommends in such cases, that the patient, after she had syringed or sponged herself with warm water, to lay inside the labia pieces of lint soaked in a lotion composed of carbolic acid, ten grains; acet. morphia, eight grains; dilute hydrocyanic acid, two drachms; glycerine, four drachms; and water, four ounces. M.

I have given the foregoing as additional sources and modes of relief in this very delicate, annoying and distressing affection. Of course, if the constitution was much depraved, the appropriate constitutional remedies should be applied.—E. Mendenhall, M.D., Indianapolis, Ind., in *Obstetric Gazette*.

CARBOLIC ACID IN SHINGLES.

Dr. Lamberti reports, in the *Revista Clinica di Bologna*, a case of herpes zoster, or "shingles," which he cured in a single day by means of carbolic acid. He painted carefully the vesicles

with the liquid acid, using a camel-hair brush, and then covered the whole part with a thick layer of cotton-wool. It caused severe burning pain for two hours, after which ease was obtained, and the patient, having received a dose of chloral hydrate, fell asleep, and awoke the next day feeling quite well. Nothing more was done, but the cotton-wool was left on for three days. On its removal then the vesicles were all dried up, the crust adhering to the cotton-wool, and the spots that remained were not in the least tender. A saline purgative and a drink containing bicarbonate of soda were the only medicines taken. No return has occurred after two years, and Dr. Lamberti thinks this method of treatment may frequently prove of great value.—*Boston Journal of Chemistry*.

INCONTINENCE OF URINE.

In the *British Medical Journal* Dr. J. C. Flood recommends tincture of Cantharides in minim doses, with tincture of the chloride of iron, given thrice daily and in gradually increasing doses. Mr. Holderness suggests the following:

R. Acidi benzoici..... ʒii;
Syrupi aurantii..... ʒii;
Aque,..... ad fʒvj.

A sixth part three times a day.

The third dose should be given in bed, the bladder having been previously emptied.

Another correspondent suggests the following combination:

R. Potassii bromid.,..... ʒj;
Extract. belladonnæ,.... gr. iv ad vj;
Infus. digitalis,..... ad fʒviij.

For an adult, half an ounce twice a day. For a child, a drachm, three times.

EXTERNAL USE OF DIGITALIS IN SUPPRESSION OF URINE.

Dr. C. P. Russell, in *British Medical Journal*.—A married woman, aged 35, was attacked by acute albuminuria. The disease resisted the usual remedies. She became extremely œdematous, with congestion or œdema of both lungs. Respiration rapid and pulse weak and rapid. She became semi-comatose, and there was suppression of urine for 36 hours.

The case appeared hopeless, but having read in the *Journal* of a case in which the external use of digitalis was effectual in restoring the secretion of urine, I determined to try it. I ordered a half ounce of the tincture on a large linseed-meal poultice, to be applied to the abdomen. Next day I was agreeably surprised to find her vastly improved, quite conscious

and cheerful. The œdema was very much diminished, respiration was easy and the pulse nearly natural. I was informed that, in one hour after the application, a copious flow of urine commenced and continued all night—and, what was very remarkable, the urine which the day before contained a large quantity of albumen, was now quite free from it. Convalescence was rapid, and she is now quite well.

THE TREATMENT OF URTICARIA.

This troublesome affection has proved so unyielding to treatment that the medical profession will doubtless receive with pleasure the account of the successful results following the use of atropia, reported by Schwimmer, (*Pest Med. Chi. Presse*, 1878.) He gave in a case of urticaria of one year's duration, the following prescription, viz.:

R	Atrop. Sulphat,	Gr.
	Aq. Destil,	.01
	Glycerin,	aa. 2.
	Pulv. Tragacanth, q	S. f. pil. No. X.

M. S.—One pill twice daily.

By the third day remarkable improvement was noticed, and a rapid and lasting cure was attained. In another case of chronic urticaria with hyperidrosis, 1 milligram of atropia daily for eight days secured a perfect cure. A third exceedingly obstinate case yielded rapidly to the same treatment.

EXTERNAL APPLICATION OF THE BROMIDE OF POTASSIUM.

The good effects obtained from bromide of potassium in all reflex irritations due to teething are well known, but M. Peyraud claims that better results can be obtained from direct local applications of the remedy to the gums, than from its internal administration. He uses a mixture of the bromide one part, to honey six or seven parts, with sufficient water to dissolve the salt, and enough alcohol to preserve the mass. This should be gently rubbed on the gums four or five times a day; in cases of diarrhœa caused by dentition, a few drops of Sydenham's laudanum may be added with advantage. The bromide acts as an anæsthetic to the mucous membrane, as a caustic to excoriations, and through its effect on the general nervous system. It quiets immediately the urticaria of dentition, and under its influence those excessively nervous children in whom the eruption of the teeth is irregular and difficult, pass through this period without convulsive phenomena.—*Journal de Medicine*, August 1879.

ECZEMA.

(From *La Tribune Medicale*, by Dr. BRAME, of Tours.)

The basis of treatment is cold tar. It is a purifier and antiseptic. It may be mixed with glycerine or olive oil. When the disease is stubborn, iodide of silver may be added. A simple purgative aids. When the eczema is very persistent, small scarifications may be used also. Sometimes the chloride or bromide and cyanide of silver have been used on the scalp and scrotum and around the ears. The iodide of lead should be reserved for the lichenoids eczema, forming very hard crusts. The iodide of mercury should only be used in syphilitic eczema. Ioduretted calomel can be successfully used, and when pyriasis is conjoined, a pomade of oxide of mercury should be added. When the boils are large, punctures with dissolved tannin or iodide of silver should be used. In exceptional cases, the sulpho-cyanide of iron and tannin—both dissolved in iron—are used. Sulphate of soda is a good purgative in this disease.

PHOSPHATE OF LIME.

This is a medicine much under-valued. It builds up the constitution by aiding digestion and nutrition, and enables the bony system to grow much faster than without its use. It can be made into a syrup and given to children with rachitis. A fracture of the anatomical neck of the humerus was healed in thirty-two days by its use. Several other fractures were healed in fifteen to twenty-five days, when without it the bony growth would have been much slower. During pregnancy, the lacto-phosphate of lime should be given for the growth of the fœtus, especially in women of such constitutions where the drain on the system is very great, and even then the child will be born sickly and with weak bones.

BATHS, AND HOW TO TAKE THEM.

From Health Primer, "Long Life, and how to reach it," by J. G. Richardson, M.D.

It is related of the celebrated but eccentric Dr. Abernethy that upon one occasion a child was brought to him suffering from some disease of the skin, it is true, but in a far worse condition from want of cleanliness. The doctor, seeing at once that this latter misfortune was the cause of the former, said to the boy's mother, "I can soon cure your son, if you will strictly follow my directions. Get a large tub, fill it every day two-thirds full of warm water, put the little fellow into it, and then rub him all over with the best Castile soap and a coarse towel." "But, doctor," exclaimed the astonished woman, "that would be giving my child a bath."

"True," replied the physician, "it is open to that objection.".....

For purposes of cleanliness, the baths *par excellence* are those of warm water, this term being applied to the ones in which water of a temperature from 70° to 80° is employed. Liquids of this degree of heat usually give a sensation of warmth when placed in contact with the human skin, and therefore avoid the disadvantages of the shock to our systems produced by a cold bath (that is below 60°), and the excessive stimulation resulting from a hot bath (that is, one of 85° and upward). Soap or alkali in some form is necessary to remove the fatty matter poured out by the oil glands already described, and for most people there is nothing better than the old-fashioned white Castile. Many persons are apt to remain too long in a warm bath, and care should be taken to avoid this mistake, which has a very debilitating effect if often indulged in.

The frequency with which a bath should be repeated varies somewhat with different individuals.....A safe rule, to which there are of course sundry exceptions, would be to bathe the whole body twice a week in winter and every other day in summer, gradually increasing this frequency to a tri-weekly washing in winter and a daily one in summer, if experience proves that better health is secured by such a habit.

It is very important to avoid being exposed to cool air after immersion in a warm bath, because mechanical obstructions to the outflow of perspiration from the pores being washed away, the amount of fluid poured out upon the skin, and consequently the cooling effect of evaporation from the cutaneous surface is greater, and the danger of becoming chilled is much increased. The condition is accurately expressed by the popular saying that a warm bath "opens the pores," though the exact mechanism by which this opening is accomplished is not so generally understood. Hence it follows that the best time for bathing, with those who are in robust health, yet are liable to take cold, is in the evening, when they can go to bed at once, and so avoid all exposure for some hours afterward. Invalids, however, and those who have delicate constitutions will often find that they endure the exertion of taking a bath best about eleven o'clock in the morning, after digestion of the morning meal is accomplished, and yet before they are tired out with the fatigues of the day.

Hot baths, by which are meant those of a temperature of from 85° to 105° F., are chiefly used in the treatment of diseases as powerful stimulants, and scarcely require notice here. Every parent should remember, however, that a hot bath, causing free perspiration, promoted by wrapping up warm in bed with blankets, will often save children and adults severe attacks of illness, if promptly resorted to after exposure to cold or wet.

Cold baths are invaluable aids in promoting and preserving health, if properly used in suitable cases; but may become dangerous agents, causing even fatal results, if employed by the wrong individuals, at improper times, or with excessive frequency. Very cold plunge-baths—that is those below fifty degrees in temperature—should only be indulged in by the most robust, and even with them it is doubtful whether the shock to the system is not more injurious than the after reaction is beneficial. In every instance the test for the advantage of a cold bath is very simple and easily understood, being merely the occurrence or non-occurrence of this reaction or "glow" as soon as the skin is dried. When such a glow is felt promptly, the bath does good, and may be repeated at the same or a slightly lower temperature; but if reaction takes place slowly, or not at all, the person feeling chilly, and the lips, the skin beneath the nails, and indeed that of the external surface generally, continuing for ten or twenty minutes bluish instead of pink, the bath does harm.

Cool (not ice-cold) sponge-baths are valuable tonics, and may often be advantageously used in delicate states of health. The shock to the system is much less than with the plunge-bath, and the consequent reaction less intense, but the rule for judging of their beneficial influence is precisely the same.

Baths should never be taken immediately after a meal, nor when the body is very much exhausted by fatigue or excitement of any kind nor during nor just before menstruation, and they should be sparingly and guardedly used by pregnant women.

Children and elderly persons ought to employ warm or but slightly cool baths, never below 70° F. In persons of nervous temperament, and the subjects of valvular disease of the heart, cold baths should be very cautiously resorted to; but in robust adults of sanguine or bilious temperament they may be indulged in with much greater freedom.

MAMMARY INFLAMMATION TREATED BY THE APPLICATION OF ICE.

Mrs. H., aged thirty-eight, was confined of her third child on May 31, 1879, and did well for five days. On the morning of the sixth she had a severe rigor, but was better the next day; and on the eighth day expressed herself as feeling so well that I did not see her again until the tenth, when I found her suffering great pain from inflammation of the left breast, which had commenced the day before. Nearly the whole breast was involved, but all below and to the left of the nipple was one hard mass. From past experience I could expect nothing but a large abscess and four or five weeks' trouble-

with certain loss of the breast now and probably for the future also. Remembering Mr. Browne's suggestion in the *Journal* of May 31st, I determined, with the patient's consent, to try his plan, using a large Chapman's spine-bag filled with ice, which encircled the lower half of the breast. It felt very cold indeed for a minute or two, then a considerable quantity of milk was shot out as from a syringe (no milk had flowed before), the pain abated, and in an hour was almost gone. I now renewed the ice in the bag, and the patient kept it closely applied with her arm, which was protected from the cold by a folded towel. Next morning I found her hugging the ice-bag and loud in its praise. She continued suckling her infant, but she suggested that the baby should not be put to the breast oftener than two or three times in the twenty-four hours. On the fourth day after the commencement of the ice the most careful examination failed to detect anything wrong in the breast, and she is now quite well and nursing her child. No other remedies were used; and I thank Mr. Browne for one of the most valuable hints I have ever got, and wonder why he has not told us before.—*D. M. Williams in the British Medical Journal.*

CUPPING IN CARBUNCLE.

In the early period of my practice, some forty years ago, I used the cups in the treatment of local diseases more often than now. During this period I had to treat a bad case of carbuncle, situated on the back of the neck of an old man. While dressing it one day it struck me forcibly that cupping would be just the treatment for this case. Calling for a large goblet and some cotton, I applied it as a cup, after expanding the air by burning cotton in it. The effects were truly wonderful, drawing out from the interior of the tumor a large amount of pus and corruption, which gave immediate relief. The night following the old gentleman rested for the first time. Since this experiment—the first one of which I ever heard or knew—I have relied mainly on the cups for the local treatment of carbuncle. It fulfills the most important indications in the local treatment of this often troublesome and sometimes dangerous disease. It relieves tension and pain, and limits gangrene of the cellular tissue. It materially shortens the time of cure. With appropriate general treatment the disease is thus shorn of half its pain, duration, and danger. The cups may be applied once or twice a day, or even oftener. If resorted to in the early stage, the scalpel or lancet should be used to induce a free flow of blood. Mere dry cupping at this time would increase the flow of blood to the tumor without relief. I would caution against too severe cupping until pus is formed; I more of-

ten use a large, blunt-rimmed tumbler or goblet than any other kind of cup. The size of the opening of the cup should be, if possible, sufficiently large to cover the base of the tumor. An air-pump attached to the cup, if at hand, would be much more manageable and convenient; but the tumbler and cotton may be used with almost equally good effect if adroitly done, besides having this advantage, of being always available.—*Dr. Hunt, in Chicago Medical Examiner.*

DOVER'S POWDER IN THE NIGHT-SWEATING OF PHTHISIS.

WILLIAM MURRELL, M.D., L.R.C.P.,

Lecturer on Practical Physiology at Westminster Hospital, Assistant Physician to Royal Hospital for Diseases of the Chest.

From *London Practitioner.*

It is a noteworthy fact that pathological sweating may be arrested not only by drugs that exert an inhibitory action upon the sweat-centres, but also by agents that in health promote perspiration.

Dr. Leared speaks highly of the Turkish bath as a remedy for the nocturnal perspiration of phthisis. He says, "The direct action of the bath has been more strongly shown in removing night-sweats than in any other symptom."

M. Vignard, of Nantes, recommends sage tea in pathological sweatings. He records the case of a young man who for many years had suffered profusely from night-sweating. It generally began about two or three o'clock in the morning, and was so profuse that it saturated the bed-clothes, and to a considerable extent the mattress also. Sulphate of quinine was tried in vain. At length M. Vignard prescribed the following preparation: "Take of chopped sage a large pinch, of water six fluid ounces. Boil the sage a minute or two in water, let it stand to cool, then filter and sweeten to taste." The perspiration ceased whenever the decoction was taken, but reappeared when it was omitted.

The employment of Dover's powder in the treatment of the night-sweating of phthisis is by no means new, and was, it is said, first suggested by Stokes, of Dublin. In 1861 M. Descamps published a paper giving the result of eighteen years' experience of this mode of treatment. The effect surpassed his expectation, the result being uniformly successful, and the sweating being suppressed from the first. "We possess," he says, "several records of cases of phthisis in which the perspiration was arrested up to the period of death. The powder was generally given in the dose of fifty centigrams (about seven and a half grains) in the evening, at different hours, according to that which announced the commencement of the sweating; and not only was it always observed

that it prevented this symptom, but it also diminished diarrhoea, allayed cough, and predisposed to sleep. It sometimes happened that the powder was vomited. In such cases the dose was divided into two parts; one of which was given in the evening, and the other at night when the patient awoke." Dr. Handfield Jones, referring to M. Descamps' recommendation, says that he has found Dover's powder "materially to check the night-sweats of phthisis." Dr. Hayden, in a paper read before the Medical Society of the College of Physicians of Dublin, March, 1877, speaks highly of this mode of treatment. He gives five grains once or twice in the course of the night. This treatment has been recommended by Dr. Ringer, and by M. Desnos, of the Hospital St. Louis, Paris. Dr. Theophilus Thompson also mentions it in his lectures on consumption.

During the last two years I have taken notice of fifty-five cases of night-sweating of phthisis treated with Dover's powder. In only five of these cases did the drug fail to afford some relief. Of the successful cases, thirty-four were men and sixteen were women. With two exceptions they were adults in the prime of life, their ages ranging from nineteen to thirty-six. The cases under treatment represented all stages of the disease. In some there were hardly any physical signs, while in others both lungs were extensively diseased. In eighteen cases cavities were diagnosed. In fifteen cases both lungs were involved, while in the remainder only one lung was affected, or there were no physical signs. The duration and severity of the night-sweating varied much in different cases, but in all it was well marked. As a rule, the Dover's powder was given only at bedtime, but in a few cases small doses were given several times a day, though without any corresponding advantage. It was found that to do any good five or ten grains must be given, and ten grains usually acted more promptly than five. Smaller doses usually failed, while, on the other hand, there was no advantage in giving more than ten grains. Frequently, for convenience of dispensing, the Dover's powder was administered in five-grain pills, but in many cases the powder itself was used. In most cases the patients, while taking the Dover's powder, had no other medicine, except, perhaps a placebo of camphor-water or peppermint. In other instances the Dover's powder was not allowed to interfere with the general treatment, the patient taking cod-liver oil, cough-medicines, and so on. The Dover's powder acted equally well whether given alone or with other remedies. As a rule, there was an improvement upon the first or second night, but sometimes the sweating did not entirely cease for a week or more, declining gradually in severity. Sometimes the sweating returned immediately upon discontinuing the medicine, but in other cases there was no relapse

for a month or longer. In no single instance was the treatment found to do harm. It often, in addition to stopping the sweating, eased the cough and insured a good night's rest.

ILLUSTRATIVE CASES OF THE USE OF THE DOVER'S POWDER IN NIGHT-SWEAT.—The following may be taken as a fair average example of what Dover's powder can do. It is not by any means an exceptional case, and it would have been quite easy to pick out other cases in which the relief was most prompt:

R.W., a bookbinder, aged twenty-six, had suffered from a slight cough for ten months, but it was only during the last three or four weeks that he had any expectoration. He was extremely emaciated, and had lost a stone in weight in six months. He was very feeble, and had great difficulty in doing his work. There had been no hemoptysis. He had suffered from night-sweats for about three weeks, never missing a night. He usually went to bed about ten, and awoke in the early morning covered with moisture. He was so wet sometimes that it left a mark on the sheet where he had been lying. The physical signs were: at the left apex flattening, deficient movement, increased vocal fremitus, dullness, and coarse crepitation; on the right side, impaired resonance and a little scattered crepitation. He was ordered ten grains of Dover's powder every night at bedtime, and a little infusion of quassia as a placebo. For two nights there was no improvement, but on the third night the sweating was much less. On the fourth and fifth nights it was very slight indeed, and upon the sixth there was none at all. The pills were then discontinued, and with the exception of one night there was no sweating for four weeks. It then returned, the patient suffered severely for three or four nights, and then recommenced taking the pills. The sweating was again checked in four nights, the pills were discontinued, and there was no further relapse during the time the patient remained under observation, a period of six weeks longer.

Even in cases rapidly progressing to a fatal termination Dover's powder will keep the perspirations in check.

GELSEMIUM IN NEURALGIA.

Professor Massini, of Basel, recounts his experience of the use of this drug in the treatment of eighty cases of neuralgia of the trigeminus. He prefaces his remarks with a brief description of the physiological action of the drug: Redness of the conjunctiva, pain in the eyelids, contraction of the pupils, double vision, and giddiness, are the symptoms which generally follow the administration of moderate doses. When the dose is increased, slight ptosis, dilatation of the pupil, gasping, languor, and pain

in the limbs, are the usual results. The respiration is not affected. In frogs, on the other hand, a large dose produces paralysis of the respiratory muscles, the heart's action remaining unchanged. In cases of neuralgia of the trigeminus, Dr. Massini gives twenty minims of the tincture every half hour up to three doses, and he finds that the first dose generally affords relief, and that the pain rapidly subsides after a second or a third dose has been taken. He has never found it necessary to exceed sixty minims, and only in one case did this quantity produce unpleasant head symptoms. The cases in which the remedy produces most benefit are those of simple rheumatic neuralgia of the alveolar branches of the trigeminus; in those it rarely fails. It also sometimes relieves the pain remaining after the stoppage of a carious tooth. When there is any inflammatory affection of the bone or periosteum, no good can be expected from the remedy. The medicine may, if necessary, be repeated several days in succession, the active principle rapidly passing off by the kidneys.—*Dublin Journal of Medical Science.*

force, are neither just nor reasonable. We feel very strongly upon the subject, and we at once put ourself in communication with Dr. Muir, the head of the Army Medical Department, who, while giving us much information on the subject, stated that a new warrant was to be issued immediately, a copy of which he would send us. We determined to await its receipt before actively taking up the subject. The warrant has, however, not yet been issued, and as its appearance seems indefinite, we have again written to Dr. Muir for the information which we had hoped to have got from it. When we get his reply we propose to fully express our opinions upon the general order referred to. In the meantime we can only say to our numerous friends in the Volunteers Medical Department who have written to us on the subject, to have patience. We firmly believe they have right on their side, and that in the end what is right must prevail.

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

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MONTREAL, DECEMBER, 1879.

SURGEON MAJORS IN THE CANADIAN MILITIA.

In the CANADA MEDICAL RECORD for June appeared an article, strongly advocating the granting of this rank to Surgeons of the Canadian volunteers who had served a lengthened period. That article was written with a view of assisting those who had already been at work in this direction. Very soon after it appeared a general order was issued from Militia Head quarters, granting the rank of Surgeon Major, upon conditions which in our opinion, and also we believe in that of every medical officer in the

In a late number of the *Canada Medical and Surgical Journal* was an article upon the relations that should exist between the physicians and druggists. If it were possible to bring round the existence of such relations, perfect harmony would then reign. It is unfortunate that in each class there are always scapegoats such as only look upon the pecuniary benefits to be derived, rather than of aiding to raise the standard of their respective professions. It is undoubtedly to the interest of the medical profession that reliable pharmacies should exist in different parts of the city, and more particularly in the more important suburban streets; and when we speak of reliable pharmacies, we mean what we say, not plate glass fronts, gold labels, and elegant mirrors, and a thousand-dollar soda fountain, but pharmacies with well-assorted stocks in them and brains to back them. If a few more such establishments existed there would not be such an outcry about business being sent away from druggists. Not that we would for a moment assert there are no well conducted retail drug houses, with sufficient capital to enable them to keep well assorted stocks, in the city, but, unfortunately, they are few and far between. This may, perhaps, be caused by the misguided policy of some physicians in sending their patients, often at great inconvenience, past thoroughly reliable houses

merely through a hobby or whim. When we have felt inclined to grumble at the want of skill in our local pharmacies, a pharmaceutical friend reminds us of the excessive competition and the extreme difficulty of making business pay without the thousand and one adjuncts, which go to make up the general business of a druggist. In Germany, the number of drug stores are regulated by law and the standard of admission is very high. The same may also be said of France. It is quite right that both professions should be considered collateral ones, and no physician should consider himself so well-stocked with the knowledge of *materia-medica* as to think it humiliating to ask for information about any drug from a well-informed chemist. As *materia-medica* is taught in most of our schools, it is literally run to ground. Students are forced to read up a lot of matter that is of no earthly use to them, as practitioners; in fact, positive harm is done, as their memories are taxed with modes of manufacturing preparations, which labor should only be given to their physiological and therapeutical qualities. There is no use in teaching a medical student who intends to practice as a general practitioner, the mode of making chloral, for instance, but it is highly important he should know "when" and "how" to employ it.

TYPHOID FEVER IN MONTREAL.

There is no question but that we have had a greater amount of typhoid fever in Montreal the past autumn than is usual, and that it has generally been of a more severe type. We are pleased, however, to be able to state that, since the beginning of this present month, there has been a very marked decrease in the number of cases, and the prospect is that they will still further diminish.

CHOLERA IN JAPAN.

It is singular how little one portion of the world sometimes knows of what is going on in another portion. This is well illustrated in the fact that few seem to be aware that cholera has been raging in Japan for some time. It broke out last April, and, up to about six weeks ago, there had been reported 155,000 cases and 85,000 deaths.

CLUB RATES FOR SCRIBNER'S MAGAZINE, ST. NICHOLAS AND THE TORONTO GLOBE.

We have pleasure in stating that our Subscribers can have *Scribner's* at \$3.00 a year (regular rate is \$4.00), the *St. Nicholas* at \$2.25 a year (usual rate is \$3.00). We are also able to offer the *Toronto Weekly Globe* at \$1.50 a year, the regular price being \$2.00 a year. Cash for these journals must accompany any orders.

LINDSAY AND BLAKISTON'S VISITING LIST FOR 1880.

This Visiting List has been sent to us, and we can commend it as, in our opinion, the very best that is published. We have used it for a great many years, and it has always given us perfect satisfaction.

THEODORE ROBITAILLE, M.D.,
LIEUT.-GOVERNOR PROVINCE OF QUEBEC.

The elevation of a medical man to the highest office in the Province is a matter worthy of recognition by the profession. We are, therefore, glad to know that two of the schools of medicine in Montreal, being of this opinion, have passed congratulatory resolutions which have been forwarded to the Lieut.-Governor. The compliment is one which was well deserved, for, although Dr. Robitaille has, almost since his graduation, been actively engaged in politics, as a member of the Dominion House of Commons, and also as a member of the Dominion Government, which in 1872 retired from office, he has never forgotten the duties of his profession. For years he has been a governor of the College of Physicians and Surgeons of the Province of Quebec, ever taking a warm and active interest in its proceedings. We congratulate our old fellow-student on this recognition of his merits by his medical confrères.

The following correspondence speaks for itself.

University of Bishop's College,
Faculty of Medicine,
MONTREAL, 29 Sept., 1879.

Theodore Robitaille, Esq., M.D.,

Lieut.-Governor Province of Quebec.

DEAR SIR,—I have the honor to transmit to you two resolutions passed by the Medical

Faculty of the University of Bishop's College at a meeting held on the 22nd inst.

I have the honor to be, Sir,

Your obedient servant,

FRANCIS W. CAMPBELL, M.D.,

Registrar.

Resolutions passed at a meeting of the Medical Faculty University of Bishop's College, held at Montreal, 22nd September, 1879.

Resolved.—That this Faculty has noticed with pleasure the elevation to the office of Lieutenant-Governor of this Province of Theodore Robitaille, Esq., M.D., a gentleman who stands high in the ranks of the profession, and who has ever taken an active interest in its elevation, and who, by his urbanity and kindness of disposition, has always been held in warm esteem by all his professional confrères.

Resolved.—That this Faculty desires to present their congratulations to Dr. Robitaille on his appointment to the distinguished office of representing Her Majesty in this province, which, while reflecting honor upon himself, likewise reflects honor on the profession of which he is a member.

To which His Honor Dr. Robitaille has forwarded the following reply :

To Francis W. Campbell, Esq., M.D., registrar, and to the members of the Medical Faculty University of Bishop's College.

The Lieutenant Governor acknowledges the receipt of the resolutions adopted by the Medical Faculty of Bishop's College on the 22nd of September last.

The Lieutenant-Governor has read these resolutions with great pleasure. They prove to him that, among the members of the Medical profession, his appointment has been favorably received. Nothing could have been more agreeable, as he always felt a pride in belonging to that noble profession, and as he has always strived to obtain the esteem and confidence of his confrères.

The Lieutenant-Governor highly appreciates the step adopted under the circumstances by the Medical Faculty of Bishop's College, composed of men so remarkable for their science and devotedness.

The Lieutenant-Governor returns thanks to the members of the Faculty for their congratulations on the occasion of his elevation to the

highest position in this Province, and hopes they will accept the expressions of sympathy and of deep consideration which he entertains for them.

Signed, THEODORE ROBITAILLE.

PERSONAL.

Dr. Craik is, we are pleased to state, almost completely recovered from the very painful poisoned wound of the finger, which confined him for several weeks to the house.

Dr. J. B. Lawford (M.D. McGill College, 1879) obtained the Diploma of the Royal College of Surgeons of England on the 18th of November.

Dr. Freeman J. Bumstead, the famous syphilologist of New York, died in that city on the 28th ult., of ascites.

REVIEWS.

The Throat and the Voice. By J. SOLIS COHEN, M.D., Lecturer on Diseases of the Chest in Jefferson Medical College. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Bros.

Dr. Cohen is a practical man, and, within a comparatively small compass has given an excellent treatise on the throat and the voice. Its perusal should make the public more careful of both.

The Mouth and the Teeth. By J. W. WHITE, M.D., D.D.S. Philadelphia, Lindsay and Blakiston; Montreal, Dawson Brothers.

It is rare to find in the human mouth a perfect set of teeth, and why? Simply because their importance, as adjuncts not only to beauty but to digestion is not understood. The object of this volume of the *American Health Primers* is to show their value, which, if thoroughly appreciated, would do much to preserve them. If honestly read it will do much good. We commend all the volumes of this series as deserving of very general circulation among the public.

Diseases of the Throat and Nasal Passages: A Guide to the Diagnosis and Treatment of Affections of the Pharynx, Œsophagus, Trachea, Larynx, and Nares. By J. Solis Cohen; M.D., Lecturer on Laryngoscopy and Diseases of

the Throat and Chest in Jefferson Medical College, Philadelphia. New York: William Wood & Co.; Montreal: Dawson Brothers.

There was a period in the history of our Medical friends in the United States, and that not very far in the past, when they had to depend for information and instruction upon their brethren in England and the continent. All this is gradually changing, and the United States are, year after year, swelling up their standard Medical literature, till it is now assuming very considerable proportions. The work before us, which is a second edition, is of a class which is creditable to its author, and to the profession of the county of which he is so able a member. It has been for some time out of print, and this edition has received a very large amount of revision, much of it entirely re-written; in fact, it is to all intents and purposes a new work. The subjects treated comprehend every variety of throat and nasal trouble, and where necessary, or it has been thought desirable, illustrations have been introduced. The entire book is well written, and is extremely practical in its character. The chapter on Diphtheria is one that will command special attention, being a very able digest of the various remedies which have been recommended in this disease. We are pleased also to notice that Dr. Cohen is a firm believer in the duality of Diphtheria and Croup, an opinion which our experience, small though it be, strongly confirms. The work is printed in unusually large type, no small advantage to the often over-taxed eye of the physician, and should occupy a space in the library of every medical man.

Pocket Therapeutics and Dose Book. By MORSE STEWART, JR., B.A., M.D. George D. Stewart & Co., Publishers, Detroit.

This is a second edition of a most valuable little work, which seems to have run through a first edition in a very short time. That such an extensive demand has arisen for the book does not surprise us, for it filled a gap in Medical literature. The amount of valuable information which Dr. Stewart has condensed within a really small compass is simply surprising. Its compilation must have cost its author a great amount of labor, which promises not to have been spent in vain, if the appearance of a

second edition is to be taken as a criterion of successful authorship.

Atlas of Skin Diseases. By LOUIS H. DUHRING, M.D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania, Philadelphia. J. P. Lippincott & Co., Philadelphia.

We have to acknowledge the receipt of Part VI of the above splendid work, which contains plates of (1) Syphiloderma (Pustulosum), (2) Erythema Nodosum, (3) Seborrhæa, (4) Eczema (Papulosum). We have already expressed the very high opinion which we have of this work, and the part now before us is fully equal to its predecessors. The plate of Erythema Nodosum, with its delicate shading, is a masterpiece of chromo-lithography. The letter-press accompanying each plate is well written, and, in addition to being an excellent description of the disease, contains the clinical history of the particular case from which the illustration has been taken. The work promises to be an important addition in the illustration of skin diseases.

Winter and its Dangers. By HAMILTON OSGOOD, M.D. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Brothers.

This beautifully gotten-up little work is from the pen of one of the Editors of the Boston *Medical and Surgical Journal*, and he has produced a most interesting book. It is one of the series of Health Primers issued by Lindsay & Blakiston. The French proverb "The common cause of death is stupidity," with which the author opens his first chapter, is most appropriate, for many a death in winter is the result of downright stupidity. We would that it were possible to place in the hands of every young lady who, almost night after night, attends fashionable dancing parties, a copy of this book. Not that it would prevent their going, for, in moderation, these gatherings are pleasant and agreeable, but it would show them the terrible danger which attends the many imprudent things which they do: such, for instance, as, when heated after dancing, exposing themselves to the *delightful* draught of cool air. We consider this as one of the best books of the series, and advise physicians to strongly recommend it to their patients.

MEDICO-CHIRURGICAL SOCIETY.

October 31st, 1879.

(Omitted from November number of RECORD.)

Dr. Wilkins gave a demonstration on the rabbit, showing the cardio-inhibitory influence of the pneumogastric nerve. Tracings were taken by means of a mercurial manometer, which was connected with a cannula inserted into the carotid artery of the animal. First a normal arterial tracing was taken, the left pneumogastric was then divided and its peripheral end stimulated by means of a DuBois-Reymond induction coil, in consequence of which there was a fall in blood-pressure and slowing of the action of the heart. Four milligrammes of atropine were subsequently injected into jugular vein, and the peripheral end of nerve again stimulated without any alteration of action of heart, thus demonstrating the paralytic effect of the poison on the terminal filaments of pneumogastric nerve in the heart.

Explanatory remarks were made by Dr. Wilkins with reference to this inhibitory action of pneumogastric nerve, also to similar action of some other nerves.

A demonstration was also given of respiratory tracing, both before and after cutting both nerves. The animal was slightly under the influence of chloroform during these experiments.

Subsequently Dr. Wilkins attempted another experiment on a curarised rabbit, which was kept alive by artificial respiration, but did not succeed, in consequence of the length of time that elapsed (three hours) after the administration of the poison, the dose being slightly in excess.

Involuntary muscle was paralysed including, of course, the muscular coat of the arteries, as well as the voluntary muscles which only are paralysed by a smaller dose.

The registering apparatus made use of for demonstration was a kymograph of Dr. Wilkin's own device, the motor-power being a small water engine, which also kept up artificial respiration.

MONTREAL, Nov. 14, 1879.

A regular meeting of the Society was held this evening, the President, Dr. R. P. Howard, in the chair.

There were present Drs. R. P. Howard, Henry Howard, Trenholme, Osler, Loverin, Spencer, Bell, Ross, Kerry, Wm. MacDonald, Kennedy, McConnell, F. W. Campbell, John Reddy, Roddick, Wilkins, Bessey, Major, Blackader, Imrie, Brodie and Proudfoot; visitor, Dr. Hill, of London, England.

The minutes of last meeting were read and approved.

Dr. Gurd was balloted for, and unanimously elected a member.

Dr. Osler exhibited a case of fatal perforation in typhoid fever in a hospital patient, who had had very high temperature from the first, ranging from 105° to 108° before death.

Dr. R. P. Howard drew the attention of the Society to the experience of the Basle Hospital as to the great importance of putting patients to bed as early as possible in typhoid fever, the mortality being very much greater amongst those persons who took to their bed late than amongst those who did so early. The experience of the Montreal General Hospital was confirmatory of this statement.

The second specimen was from a child who had died in the Infants' Home, Guy street. The case had been considered one of membranous croup, and tracheotomy had been performed, the operation being followed by immediate relief, but died on the following day. At the post-mortem several small patches were seen on the tonsils and on the epiglottis extending into the trachea. There was no membrane immediately in the region of the tube, but it extended beyond this into the bronchi. Dr. Osler was unable to obtain any of the urine. The lungs were pneumonic, and the kidneys in a condition of cloudy degeneration.

Dr. Ross said he had seen this case, and was of the opinion that it was croup at the time; but, after seeing the exudation on the tonsils, he was not so sure that the case was not one complicated with diphtheria.

Whilst strongly believing that there is a difference between the two diseases, Dr. F. W. Campbell said that the result of the operation in this case went to strengthen the experience of all in Montreal that tracheotomy cases of true croup were generally fatal, while many cases of diphtheria recovered after the operation.

The President remarked that the question,

whether the case before the Society was one of laryngeal diphtheria or of membranous croup, perhaps could not be satisfactorily determined, but that, in his opinion, the weight of evidence was in favor of the latter view. The attending physicians had examined the child's throat before the operation, and found no exudation there; the subsequent occurrence of a cheesy-like patch on one tonsil and a membranous patch on the other did not establish its diphtheritic nature; such formations are mentioned by Flint and others as not infrequent in membranous croup. There was nothing surprising in the circumstance that an inflammation of such a character as to produce false membrane on the laryngo-tracheal membrane should also attack a similar structure in the neighborhood of larynx. The faucial exudation was not continual with the laryngeal. All pseudo-membranous exudations upon mucous membranes are not products of diphtheria, witness plastic bronchitis and dysentery. No cases of diphtheria had been observed in the house in which the child had lived for the last year; on the other hand, it had had previously several attacks of catarrhal croup. Before diphtheria became a recognized disease here we had fatal cases of membranous croup; they were not infectious, and did not affect several members of a family in succession. It is not a question of histology. The pellicle of croupous laryngitis may not differ from that of diphtheria, but the clinical features and pathology of the two affections are not one.

Dr. Osler, in answer to Dr. Trenholme, said there was no anatomical difference in the two membranes; that in true croup Neimyer mentions cases where there was extensive exudation on the tonsils. There was no extension of the disease among the other children at the Infants' Home. He did not consider the presence of albumen in the urine as settling the diagnosis, as the congestion of the kidneys would be quite sufficient to cause the albumen in this case.

Dr. R. P. Howard then read his inaugural address as President of the Society.

The address was followed by a paper by Dr. Osler on "Three Cases of Disease of the Brain."

In the remarks following this paper Dr. Kennedy related a case occurring in his practice similar to one of Dr. Osler's cases. The subject, a young lady, had both a mitral and aortic mur-

mur. One portion of the vegetation was dislodged, and converged to the left side of the brain.

Dr. Roddick mentioned the fact that rupture of a vessel in the brain occurred at times during the struggles of the patient while under ether. Such a case had occurred in his practice.

Dr. F. W. Campbell said that the method generally adopted in Montreal (so far as his experience enabled him to speak) in the administration of ether was certainly calculated, in his opinion, to favor rupture in vessels which were undergoing atheromatous degeneration, and even possibly in healthy vessels. He had seen a patient to whom ether was being given struggle so violently for several minutes as to require two or three strong assistants to hold him down. This was due to the fact that the ether inhaler, charged with ether, was tightly held over the mouth and nostrils, allowing hardly anything but the vapor of ether to be inhaled. The feeling of suffocation thus produced is described by those who have experienced it as something frightful. He stated that the opinion was gaining ground rapidly that ether could be administered in much the same way as chloroform, by allowing a good quantity of fresh air to be inhaled, so long as it was charged with a fair portion of ether vapor.

Dr. R. P. Howard spoke of the great necessity of students now learning the distribution of the minute vessels of the brain, and confirmed the observation in regard to apoplexy during anæsthesia. He had seen apoplexy in one case follow a hypodermic injection of morphia.

A vote of thanks to Dr. Osler was moved by Dr. Henry Howard, seconded by Dr. Kennedy, and carried.

A vote of thanks to Dr. R. P. Howard, for his address, was moved by Dr. F. W. Campbell, seconded by Dr. Proudfoot, and carried.

It was moved by Dr. Roddick, seconded by Dr. Henry Howard, that the subject of procuring a permanent room be referred to the Council, and that the former Room Committee be thanked and discharged.

The meeting then adjourned.

OLIVER C. EDWARDS, M.D.,
Secretary.

Montreal, November 28th, 1879.

A regular meeting was held this evening. The President, Dr. R. P. Howard, in the chair. There were twenty members present.

The minutes of last meeting were read and approved.

Dr. Henry Howard read a paper on "Imbecility."

Remarks on this paper were made by Drs. R. P. Howard, Kennedy and Roddick.

A vote of thanks to Dr. Howard was moved by Dr. F. W. Campbell, seconded by Dr. Roddick, and carried.

Dr. Frank Shepherd exhibited a specimen from the dissecting-room of McGill College. The humerus had been amputated, and the cut ends of the brachial plexus were enlarged.

Dr. F. W. Campbell mentioned the fact that twelve days previously he had vaccinated a child in Donegana street, two hours after he vaccinated another child in St. Charles Borromée street; eight days after the child in Donegana street had an attack of convulsions, two hours after, the second child had a similar fit.

Dr. Trenholme stated that no doubt teething was the cause of the convulsions.

Dr. R. P. Howard asked if there was any history of rickets, as it was a well-known fact in rickety children, the slightest irritation would induce convulsions.

Dr. F. W. Campbell said there was no such history.

Dr. Kennedy mentioned the fact of seeing three children in the Hospital with small-pox, all three had been vaccinated just before the attack, and the vaccine vesicle had matured prior to the eruption of small-pox. Dr. R. P. Howard said some families take small-pox over and over again. He referred to one doctor who could never attend a case without contracting the disease. From such facts it is quite evident that there are some cases that even small-pox will not protect from other attacks let alone vaccination.

O. C. EDWARDS, M.D., *Secretary.*

HYPODERMIC USE OF CHLORAL IN CONVULSIONS.

Dr. Joseph L. Bauer, in the *St. Louis Clinical Record*, recommends the hypodermic injection of chloral hydrate in the convulsions of children. In a boy of seven years, whose case

seemed desperate, the patient being unconscious and unable to swallow, the injection of four grains was followed by almost immediate relief. A small abscess resulted from the puncture.

MURDER OF AN ITALIAN PHYSICIAN.

THE "kill or cure" system which is supposed to have existed in bygone ages has just received a cruel and literal illustration in Italy.

At the last assizes in Spoleto a trial for murder took place under the following circumstances:—A certain Signor Marcucci, of Spoleto, a gentleman of good property and position, called in a physician of the place, one Dr. Domenicis, to attend his only son, who was seriously ill. If, said Marcucci, the young man recovered, Dr. Domenicis should receive two thousand francs; if, on the other hand, the patient died, Dr. Domenicis should be killed! It cannot be for a moment seriously contended that such an alternative was accepted in good faith by the doctor. He would probably treat the case in the ordinary manner, and smile at the idea of such a threat being carried out. However, Signor Marcucci proved to be a man of his word, for the lad died, and Marcucci thereupon did kill Dr. Domenicis. He coolly murdered him, with apparently no attempt to conceal the act. The unfortunate physician left a widow and family behind him. But no compunction or pity availed to stay Marcucci's hand. And now what does the reader suppose was the sentence pronounced on this barbarous ruffian in an Italian court of justice? He was condemned to five years' imprisonment and the payment of a fine of twenty-five thousand francs, to be given as damages to the doctor's widow.

SUCCESSFUL TRANSFUSION WITH CHICKEN'S BLOOD—HEARTLESS INGRATITUDE.

Dr. L. L. Staten reports (*Maryland Med. Journal*, v. 391) a case in which he injected an ounce and a half of chicken's blood into the femoral artery of a man apparently dying from exhaustion after operation for stone. The result was that the patient went to sleep, and the foreign corpuscles filled his head with visions of chicken-broth. On waking, chicken-broth was lustily called for, and soon the "identical old hen" yielded to the stomach of her foster-son whatsoever of flesh she had gathered in her five years of earthly pilgrimage. Recovery.

DIED.

In Ottawa, on the 6th of September, Joseph Garvey, M.D. (McGill College, 1852), aged 49 years.

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CONTENTS.

ORIGINAL COMMUNICATIONS.	PAGE		PAGE
Empyema Necessitatis and Empyema cured by Aspiration, by Henry Chipman, M.D., Grand-Pré, Horton, N.S., 85 — Ecraseur for the removal of Internal Uterine Tumours (illustrated), by William Scott, M.D., Woodstock, Ont., 86 — A New Rectal Bougie, by C. E. Nelson, M.D., New York (illustrated), 87—Address of Dr. J. W. Mount, President of the Société Médicale de Montreal,88		Treatment of Eczema, 91 — On the Causes of Pus in the Urine, 92 — Treatment of Eczema of the Hand, often mis-called Psoriasis Palmaris, 94 — On Oblique Linear Scarification of the Skin in the treatment of Port-Wine Mark, 95 —Hot Application to the Head in Uterine Hemorrhages, 96 — Double Pneumonia and Abortion, 96 — Effects of Tea on the System, 97 —Swallowing a Safety Pin, 97—A Gospel Truth, 97 — Therapeutical Notes, 98 — Cure of Consumption, 98 — Typhoid Fever—its treatment, 98 —Succinate of Iron in Gall-stones, 99—Hysterical Retention of Urine, 100—Treatment of Lumbago, 100—	Hot-water Douche in Parturition, 100 — Value of Calomel in the Zymotic Diseases of Infancy, 101—Method of Preserving Dead Bodies, 102 — Treatment of Hemorrhoids, 102 — Coto Bark in the Diarrhoea of Phthisis, 103 — Treatment of Enteric Fever, 103 — Treatment of Typhoid Fever in the Philadelphia Hospitals, 104 — Treatment of Hemorrhoids, 106—Pruritus Ani...107
CORRESPONDENCE.			EDITORIAL.
Letter from Dr. Codd, of Winnipeg...90			Board of Health, 108—Woman's Hospital of Montreal, 110 — Medico-Chirurgical Society of Montreal...112
PROGRESS OF MEDICAL SCIENCE			Review.....110
			Marriages.....112

Original Communications.

EMPHYEMA NECESSITATIS, AND EMPYEMA CURED BY ASPIRATION.

By HENRY CHIPMAN, M.D., Grand Pré, Horton, Nova Scotia.

The first case was seen in the autumn of 1878 in consultation with Dr. Margeson. The patient, a little boy six years of age, had a history of pleuritis with effusion extending back some weeks. At the time of consultation there was extreme emaciation, a temperature of 104° F., a pulse of 160, and respirations 60 in the minute; the heart was pushed over to the right of the sternum, and on the left about an inch below the nipple, was a pulsating tumor, the pulsations of which were synchronous with those of the heart. There was a troublesome cough with no expectoration, but accompanied with a gangrenous odor. Death seemed so imminent that we decided that operative interference would only hasten the end, and we left the little fellow, fully expecting to hear of his death in a few hours. The sequel proved our prognosis wrong, however. After a few days the empyema found its way through the pleura costalis and the soft parts of the wall of the chest, and formed an opening at the bottom of the pleural cavity on the left side on a line with the axilla. There was a free discharge, the pulsating tumor above disappeared, and there was rapid improvement of all the symptoms. This improvement continued, and at the end of six months the patient was run-

ning about, and in less than a year the opening had closed and there was apparently complete recovery. A short time subsequently, after exposure, there was a second attack of pleuritis with empyema, and a second discharge through the old cicatrix, which still continues, and now has the appearance of a permanent fistulous opening.

The second case occurred in my own practice: Willie N., aged six years, together with two other children in the same family, recovered from an attack of epidemic influenza, early in May last; but after I had ceased attending the family I was again called to see him (on the 14th) and found all the symptoms of acute pleuritis. Under antiphlogistic treatment and counter irritation the more urgent symptoms subsided, and by the first of June the fever had mostly disappeared, but there was a steady loss of strength and no absorption of the effusion which had taken place in the left pleural cavity. Through the month of June there was fever of an intermittent character, with a difference in the morning and evening temperature. At the end of the month I was satisfied that the effusion was purulent, and called Dr. Shaw in consultation. A trial of calomel, tart. antimony with a little pulv. dov. to prevent its being carried off by the bowels, was decided on, and this treatment with milk and wine was continued for a few days with no apparent improvement, and on the 12th July Dr. Shaw was called to assist in withdrawing the effusion. At that date there was extreme emacia-

tion, dyspnoea, cough, night sweats, and a peculiar grunting respiration. The left side was bulged and measured more than the right, while expansion was very deficient; vocal fremitus absent; heart dislocated to the right of sternum; pulse 160; respiration 60; temperature 103 F. (mid-day); percussion dull all over. Chloroform was administered by throwing a handkerchief loosely over the child's face and dropping a little on a fold taken up between the finger and thumb. The aspirator was then used, and about thirty ounces of healthy white pus, as thick as cream, rapidly withdrawn. There was no cough nor trouble of any kind after the operation. The little fellow laid down quietly, and rested much better than usual all that night. On the 22nd the sack was again filled, and with the assistance of the child's father and aunt I aspirated and withdrew about thirty-two ounces. On the 28th the effusion had again filled the sack, and again I operated, withdrawing about twenty-four ounces. The operation was not again required. The small quantity which must have been left in the sack was absorbed, and there was an uninterrupted return to health. The child to-day is strong and fat and rosy, with square shoulders and symmetrical sides. The heart is in its normal position, and auscultation and percussion normal over both lungs. He is a living exemplification of the value of the aspirator in such cases. The instrument used was J. Reynders & Co.'s improved aspirator (303 Fourth avenue, N. Y.), and it worked most admirably. The child was held in the arms of a nurse in a semi-recumbent position. The needle was introduced between the mammary and axillary lines, nearer the former than the latter, in the fifth interspace. A few drops of blood followed the withdrawal of the needle; a folded towel was laid over the puncture, and in a very short time the little patient did not even complain of smarting. At each operation the last few ounces of pus withdrawn were streaked with blood, which was due, I think, to a slight pricking of the pleura pulmonalis, but was attended with no ill effect. The treatment after the first aspiration was emulsion of cod-liver oil, syrup ferri iodid., and gentle aperients and anodynes, as necessity required, with wine, milk, fruit, beef tea, and solid food as soon as the stomach would take it. The recovery in this case was most satisfactory, and in the light of

it, it is to be regretted that the aspirator was not used in the former case. Should a similar, or even a more desperate, case again come under my observation, I should aspirate without any hesitation. I also consider that an earlier operation in the second case would have been better practice by hastening the recovery.

The above has been hastily written from a few notes roughly taken in the midst of a busy country practice, and contains nothing new; but it may prove interesting to some of your readers as a good illustration of how safely, even in unpractised hands, the aspirator may be made to assist nature, and often save life, in cases of empyema. It may also serve to call the attention of some brother practitioner in the country to the value of the aspirator, and induce him to procure one and use it for the benefit of suffering humanity and for the saving of life.

GRAND PRÉ, N.S.,

Dec. 30, 1879.

ECRASEUR FOR THE REMOVAL OF INTERNAL UTERINE TUMORS.

BY WILLIAM SCOTT, M.D., Woodstock, Ontario.

The difficulty I have found in adjusting the more commonly used ecraseurs, and, in particular, in removing the porte-chaine while preserving the relation of the ecraseur to the tumor, led me to the invention of the instrument presented. The idea being partially suggested by Gooch's double canula.

THE ACCOMPANYING ENGRAVING REPRESENTS
THE INSTRUMENT.

Fig 1. The chain sufficiently long to encircle the pedicle, and to which the wires (7-7) are attached. The chain, as represented in engraving, is not a proper one for the purpose intended; it should be so constructed as to give free motion in every direction.

Fig 2-2. The canula, which presents a curve at the upper end and flattened at the lower, and gauged to show when they are in place.

Fig 3. The slide to firmly bind the canulae while operating;

Fig 4. The rod attached to slide to adjust and fix it in position.

Fig 5. Screw to attach the canulae to the body of the instrument.

Fig 6-6. Drums and ratchets on which the wires are attached and wound.

Fig 7-7. Ends of wires (unattached to drums) which connect the chain with the drums.

Fig 8-8. Thumb springs by which the chain may be instantly loosened if required during operation.

Fig 9-9. Thumb keys by which the drums are turned and force applied.

Fig 10. Handle.



MODE OF APPLICATION.

Loosen screw (No. 5), and withdraw both canulæ, chain and wires, remove slide, reverse the canulæ, placing the two outer surfaces together, so that the points will be touching and the chain entirely within the canulæ.

Then pass both canula, guided by the finger, over the tumor up to the attachment of the pedicle. Give one of the canula to an assistant with directions to play out the chain as required—press the tumor to one side and carry the other canula carefully around one-half of the pedicle, then giving this to the assistant you pass the chain in like manner on the opposite side with the canula he held at first. The in-

sides of the canula will now be together, as seen in the engraving, and by the gauge mark it may be readily ascertained when proper apposition is attained; then pass the slide over the canula, not pressing it home, pass the wires through the openings into the body of the instrument and the lower ends of the canula into the same. Tighten the screw No. 5, and force home the slide. Now attach the wires to the drum, tighten the chain with thumb keys, and the instrument is ready for operation.

ADVANTAGES CLAIMED FOR THE INSTRUMENT.

(a) The ease with which the chain can be adapted to the pedicle.

(b) The certainty with which the chain can be retained in position when once properly adjusted, owing to no separate *porte-chaine* being used, which is very apt in removal to disturb the position of the chain.

(c) With the *ecraseurs* in use at present the pedicle is usually cut obliquely downwards and outwards, leaving a portion still attached to the uterus, while with this instrument the pedicle is severed equally throughout.

(d) If you wish to remove the tumor by pressure alone, as in ordinary *ecraseurs*, you will turn both keys at once; but, should the pedicle be cartilagenous or otherwise difficult to sever, by turning the thumb keys alternately you may obtain a saw-like or cutting motion.

(e) If during operation you have reason to fear you are trenching on the substance of the uterus, by pressing the thumb springs No. 8-8 you may immediately loosen the chain and re-adjust it.

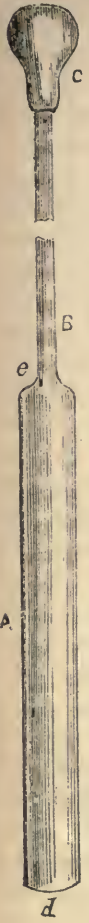
The instrument was made by Crane & McGee of this town.

Woodstock, January 14th, 1880.

A NEW RECTAL BOUGIE.

By C. E. NELSON, M.D., New York.

In the recent treatment of a case of stricture of the rectum, I was desirous of sparing the patient the discomfort of having the anus kept on the stretch for twenty minutes during the gradual dilatation by means of the ordinary rectal bougies; I therefore devised an instrument (which may be called a bougie, for the sake of simplicity) fashioned as is repre-



sented in the wood-cut: A is a solid or hollow cylindrical piece, made of steel, polished (or nickel-plated); the distal end (d) being moderately truncated and rounded, as in an ordinary bougie; the proximal end (e) being more conical in its curve, as with the end of a French bougie; B is the shaft to introduce it with, this latter being fitted with a handle (c); the shaft B being cylindrical, of steel, polished; the handle (c) may be flat, with its surfaces smooth or marked with raised lines, or rounded; and may be made of steel, ivory, wood, or any material adapted to the purpose; the shaft to be of proportionate diameter to the portion A, to insure strength.

The portion A is the part inserted in the stricture; the shaft (B) lies in the rectum, protrudes from the anus, the handle (C) being between the patient's legs; in this way, by having the portion A made in diameters equal in size to the different graduated sizes of bougies, with corresponding thickness of the shaft B, a stricture of the rectum can be treated, by gradual dilatation, without at the same time inconveniencing the patient by having the anus kept long and frequently on the stretch.

As to minor details, the piece A is to be of a proper proportionate length to the shaft, say three to three* and a half inches in length, the whole instrument, including the handle, being twelve inches long; the number of the bougie can be stamped on the handle; in a set of six bougies, of graduated sizes, one handle may be used for all, by screwing it on to the shaft B.

Objections.—The objection might be made that in case the piece A was tightly grasped by or had slipped beyond the stricture, and had become detached from the shaft, it would cause an awkward delay, obliging considerable dilatation by the speculum and subsequent seizure of the piece by forceps. This could not happen if the shaft were securely welded or soldered into the piece A.

Mode of using.—The instrument can be most

easily introduced if held lightly at the middle of the shaft B, with the thumb and two fingers of the right hand; the left hand holding up the near buttock, the middle finger stretching up the anus.

In case of the stricture being situated near the anus, and the piece A slipping beyond the stricture, the end (e) of the piece A is made slightly conical, so that it can the more easily be brought back into the strictured portion.

New York, January 12th, 1880.

Address of J. W. MOUNT, M.D., the President of the Societe Medicale, Montreal.

Delivered December, 1879.

GENTLEMEN AND DEAR CONFRERES,—I must frankly confess that I was far from expecting the honor which you have conferred upon me in electing me to the Presidency of the Société Médicale of Montreal. I had all the more reason to be surprised at it, because, without having in any way abandoned my sympathy towards this society, I had for some time past neglected to attend its regular meetings. Have the goodness therefore, to accept my sincere thanks for the mark of your confidence in me and the kindly feeling you have seen proper to bestow on one of the founders of the society.

I cannot help saying in all sincerity that I hesitated to accept the charge; I could not conceal the great responsibility and the duties which it imposed on me. I feared, and I still fear, that I will be unable, in spite of my anxiety to do so, to prove myself worthy of the honor. But I am convinced in advancing that I can count on your help and indulgence to promote the interests and advancement of the medical sciences. * * We must all work; we must guard ourselves against indifference in routine and false timidity. In short, each one of us must, in the sphere of his ability, bring the fruit of his knowledge and experience. May all, both young and old, rally round the standard of the society, whose motto should be science, labor, progress and brotherly feeling. I make an appeal to the patriotism of all the French Canadian doctors of the city and district of Montreal; and, if all would make profession of good-will and impose upon themselves some sacrifice, the result cannot be other than honor and glory to our nationality, as well as profit and advantage

* Three inches is long enough for any stricture.

to ourselves. But, let it be well understood that, in making this appeal to French Canadian medical men I do not pretend to exclude from this society those of other extraction. We have already the advantage of counting some of them among us who do honor to their nationality and to our society. If I have made this appeal to French Canadians it is because the society is composed, in good part, of the French Canadian element, to which especially these remarks are addressed.

In accepting the presidency of the society my greatest aim would be to see disappear from among us, if it ever existed, all spirit of cliqueism and rivalry. All opposition existing between medical men of different schools ought to be obliterated when they come to the *Société Médicale*. We belong to it before anything else; we are not attached to any party in particular. Some prejudiced persons might perhaps accuse us of having a certain preference for Laval University, because we hold our meetings under the same roof as it. But I would have them to remember under what favorable circumstances we have come in here; we cannot have forgotten the generosity with which this asylum was offered to us by the Rev. Abbé Verreau. The same advantages are continued by the Laval University, and we are at the same time assured of our freedom of action and perfect independence in every thing regarding the *Société Médicale*. There is, therefore, every advantage to the public as well as ourselves to join hands, and uniting for the advancement of science in our midst. Permit me to cite in this regard the example shown us by the Medico-Chirurgical Society of Montreal. Read the reports of their meetings, and you will see that a large number of the English professors, both old and young attend them regularly, and that there reigns among them perfect unity. And yet that society is composed of members belonging to rival schools. In spite of that, however, they like to meet each other on a footing of equality; they put aside all party feeling in order to work for the common good. If I have spoken of examples to be followed, believe me, gentlemen, that I am far from forgetting what the *Société Médicale* has done since its formation. I ought to have rendered homage to those of its members who have always held themselves in readiness to work for its good, and

hold it in the position of advancement which it occupies to-day. Still I am sure more might be done.

First of all, every member should consider it his duty to attend our meetings. Next, each one of us should make an effort to render them as attractive as possible, by submitting to the society reports of all the interesting cases occurring in the Hospital, Dispensary, or private practice. How many pathological specimens might we not procure in order to submit them for example and discussion by the members of the society? and might we not also make here some chemical experiments? Certainly we should be able to find among us some chemists sufficiently skilled to take charge of their demonstration. Chemistry is often too much neglected in ordinary practice; and these experiments made from time to time would give to our meetings a new attractiveness, and would be of great use to the old who have forgotten, and for the young who would find in them something to learn.

I cannot let this occasion pass, gentlemen and dear confrères, without glancing backwards and telling you a few words about the origin and progress of our society. Although young, it yet has a history, and has made its mark in the medical arena of the Province of Quebec. The *Société Médicale* of Montreal was formed on the 8th of November, 1871. The founders were Drs. Coërrer, Bibaud, Peltier, Rottot, Larocque, Dagenais, Rollin, Bruneau, J. W. Mount, E. P. Lachapelle, Dubuc, Brosseau, Desjardins, Ricard, L. J. P. Desrosiers, A. Dugas, Poitvin, Durocher, Vilbon, Meunier, Quintal, Leblanc, Plante, Perrin, Deschamps, Perrault, Bondi, E. Robillard, and George Grenier. If it gives me pleasure to see again to-day in our midst some of the faces which I saw there at the origin of the society I cannot refrain from telling you how much I regret not seeing the loved faces of them who are no more. Among others, that of our esteemed confrère, the late Dr. George Grenier—of that man, as humble as he was learned, whom we agreed to call our perpetual secretary, and the spirit of our society. There are others who fail to respond to the roll call, among whom many, my seniors, are still in the full vigor of their health and intelligence. If they think that they should for a time abstain from attending our meetings, let us hope they will soon

return to help us with their labor and the light of their experience.

The Société Médical was born of the same idea which presided at the foundation of the *L'Union Médicale*, that review as interesting as it is useful, and to which we owe a high tribute of gratitude for the publication of our labors, and for the interest which it has never ceased to evince for us. The "Société Médicale" and the "*L'Union Médicale*" having originated from the same idea, and under the direction of the same views, have necessarily walked together in the onward progress. Open the *L'Union Médicale* and you will see there what these Siamese twins, if you allow me to use the expression, have accomplished since their foundation. On several occasions the Medical press in France have taken notice of the articles in the "*L'Union Médicale*" and has done the honor of reproducing them.

We claim for the Société Médical the passing of the so long wished for Medical Bill. No one will dare to deny that this Association took the initiative in the law which governs us to-day, and which, whatever changes may have been made in the original character of the Bill, it must always be admitted that, to the most devoted members of the Société Médical, we owe the fact of its having been adopted by the Legislature. If some details have been eliminated, the main points have remained the same.

This law, without being perfect as yet, is nevertheless a safeguard for us, and gives to the practitioners of the Province of Quebec guarantees which they had never been able to obtain before. With such antecedents, I do not believe that the Société Médicale can ever cease to exist; on the contrary, it should acquire new strength, fill up its ranks, obtain new adherents, and continue to hold the place it occupies to-day. Let us always have before our eyes, so that we may never forget them, the principal articles which form the basis and main objects of our association. As it is always well to re-temper our courage at the spring of justice and right, permit me to enumerate those articles: The society has for its object; 1st. To cement the union which ought to reign between the members of the medical profession; 2nd. To furnish to medical men a motive for meeting, and an opportunity of fraternizing, and become more acquainted with each other; 3rd. To mutually

interest each other by readings, discussions, and scientific conferences; 4th. To bind those who compose it to practice towards each other all that honor and brotherly love prescribe between members of the same profession.

Let us frequently remember this noble motive inspired by the purest patriotism, and unity will never cease to reign among us.

Permit me, gentlemen and dear confrères, to make a last appeal in favor of one of the most legitimate objects of medical men—to endeavor to better his personal position, and to render some service to his fellow-beings. Here is our aim, and here is the secret of the success and prosperity of the *Société Médicale*.

Correspondence.

WINNIPEG, January 15, 1880.

To the Editor of the CANADA MEDICAL RECORD.

I am in receipt of the CANADA MEDICAL RECORD for December, in which I notice an article referring to the rank of "Surgeon-Majors in the Canadian Militia." Being a retired officer of the Active Militia, and having had nine years service in the force, I take considerable interest in the subject, and read your article with much pleasure.

Upon referring to the militia regulations for 1879 I find that "Surgeons who have served consecutively as such during 20 years shall have the rank of Surgeon-Major, but without extra pay." This is, to say the least of it, discouraging and quite unreasonable, and only another way of saying *we don't wish to give the rank at all*.

In 1868 I was gazetted "Surgeon of the Ottawa Brigade of Garrison Artillery," and served with that corps at the Annual Drills, &c., at Ottawa, Prescott and Kingston. In 1870 I was appointed Surgeon of the 1st Battalion Ontario Rifles 1st Red River Expedition under Sir Garnet Wolsey; and again in 1871 (October) was offered "Surgeon" to the 2nd Red River Expedition, which I accepted. In 1877 the force in this province was disbanded. Thus I had nine years consecutive service, seven of which was actual service. In 1876 I applied for the rank of "Surgeon-Major. Considering I had served over five years, and the service I had rendered, I thought the Government would grant

the promotion, but the reply was that the department had made no provision for such rank.

Now I think that if there is a medical officer in the Dominion Militia who is deserving of the promotion of Surgeon-Major it is *myself*; there is no Surgeon in the Militia Force who has had the same practical experience on actual service. "Honor to whom honor is due."

If Col. Ross, our late Adjutant General, was in Canada he could tell you of many practical suggestions I made to the department, which they gladly accepted; and I am sure at any time I should be glad to give the Government the benefit of any practical knowledge I may have obtained while in their service.

This subject may appear to many of very little importance, but I have for years past felt that there was too little attention paid to the "Medical Department of the Militia Force," and it is time that something was done to encourage Surgeons to perfect themselves in the knowledge of their military duties. Any medical officer who imagines that his duties end after sick-call in the morning makes a very great mistake, and the sooner that impression leaves his mind the better for himself and those under his care.

I trust you will not allow this matter to drop. If at any time any suggestions would be acceptable to you for publication I should only be too happy to render them. I take a great interest in this subject, and will, under any circumstances, write you more upon our "Militia Medical Corps," which should be, and I hope will be, second to none.

I am yours faithfully,

ALFRED CODD, M.D.,

Late Surgeon of the 1st and 2nd Red River Expeditions.

Progress of Medical Science.

TREATMENT OF ECZEMA.

The following directions are given by Dr. J. B. Bradbury, in the *Lancet* :—

Cases of acute eczema speedily recover if the patients are placed upon an unstimulating diet, and have soothing applications to the skin. In acute general eczema the alkaline and bran baths are very valuable, and local applications of olive oil and lime water (the *Linimentum calcis* of the Pharmacopœia), or lead lotion. When the disease has somewhat subsided, the

internal administration of arsenic and the local application of zinc ointment hasten the cure. In the case of a gentleman I saw in consultation, who was gouty and had albuminuria, colchicum with magnesia quickly removed the malady. These remedies are also very valuable in chronic eczema occurring in persons of a gouty habit. Indeed, in eczema, as in all diseases, the importance of looking for some diathesis cannot be over-estimated. A disease often resists cure till such constitutional vice has been discovered and corrected. A short time ago I cured a gentleman of gouty eczema with liquor potassæ in thirty-minim doses, given with compound infusion of gentian, three times a day.

In chronic eczema of the hands arsenic almost invariably does good, and, as a local application, the diluted nitrate of mercury ointment. For eczema of the axillæ, which is frequently accompanied by boils, the internal administration of the perchloride of mercury, and the local application of mercurial ointment, are almost a specific. I have cured two cases of this kind which had resisted all other treatment. The combination of iron with sulphate of magnesia is most valuable in the treatment of eczema in anæmic young women with constipated bowels. The dose of sulphate of iron should be larger than that usually given. I give three- or four-grain doses. In anæmic young men the tincture of perchloride of iron, in at least half-drachm doses, answers better than the sulphate. I quickly cured a medical student of chronic eczema of the legs by this treatment, when other remedies prescribed by a specialist had failed. In chronic eczema of the face an ointment of equal parts of white precipitate ointment, and either zinc or compound subacetate of lead ointment is very useful. Sometimes, especially where the hairy parts are affected, the dilute nitrate of mercury ointment succeeds better. In eczema of the lips a private patient has derived great benefit from an ointment composed of almond oil, yellow beeswax, new honey, and oxide of zinc, a formula which I obtained from a paper by Dr. Durkee, in the *Journal of Cutaneous Medicine*. I have cured two cases of eczema of the nostrils by the application of dilute nitrate of mercury ointment. This ointment is best diluted with vaseline. Preparations of tar are of great use in some cases of chronic local eczema, but English skins are not so tolerant of these remedies as German skins.

Patients subject to chronic eczema should, as a rule, avoid salt meats, soups, sweets, acids, fruits, pastry and raw vegetables.

Eczema in young children is frequently a very troublesome malady, probably owing to the disturbing influence of dentition. In children a few months old, where the disease is syphilitic, I give gray powder night and morning, and apply a mercurial ointment. When

the disease has somewhat subsided, I give the syrup of the iodide of iron. The perchloride of mercury has disappointed me in these cases. In non-syphilitic eczema, after correcting any error in diet, and attending to the state of the secretions, I prescribe the ferro-arsenical mixture of Mr. Erasmus Wilson, and apply the zinc ointment, and generally with the happiest results. I have recently cured three cases of eczema of long standing, which had resisted all previous treatment, by this method. It is very important in this, as in all forms of eczema, that the treatment should extend over a considerable time, in some cases six months. In eczema of the scalp, and generally in impetiginous eczema, after the removal of the scabs by poultices and oil, the local application of the *unguentum hydrargyri cum plumbi* of the Skin Hospital is invaluable. Eczematous children are almost invariably benefited by cod-liver oil.

ON THE CAUSES OF PUS IN THE URINE, AND ON THEIR DIFFERENTIAL CHARACTERS.

A Clinical Lecture delivered on March 21, 1879, being the last delivered by the late Charles Murchison, M.D., LL.D., F.R.S., Physician to and Special Lecturer on Clinical Medicine at St Thomas's Hospital, London.

The characters of the pus found in the urine are different in different cases. Sometimes, soon after micturition, when seen in a test glass, the urine is in its upper part quite clear, while the pus which has deposited appears as a more or less creamy layer at the bottom. At other times, notwithstanding the urine has been passed for some little time, it is everywhere alike turbid with pus, which remains permanently diffused. The first urine is acid, and contains ordinary pus; the second is alkaline, more or less viscid and gelatinous, and contains altered pus.

Three tests are used to determine the presence or absence of pus in the urine: the heat and nitric acid, the liquor potassæ, and the microscope tests. The first, the ordinary test for albumen, produces in the first or acid urine a greater or less opacity in the clear portion, and a much more marked one in the creamy layer. A deposit of pus is at the same time distinguished from one of pale lithates, both of which appear alike to the naked eye, since the latter would be cleared up by this test. If the second or alkaline urine be heated, it becomes a little more opaque (phosphates being precipitated), when, if nitric acid be added, it becomes again a little clearer (the phosphates being again dissolved); so that the two leave its turbidity much as it was before, the pus remaining unaltered. If liquor potassæ be added to the acid

urine, the pus becomes viscid and gelatinous, "ropy." If the precipitate be phosphates instead of pus, this change does not take place. In the alkaline urine this change has already been effected. With the microscope, which gives the best evidence, if pus be present, pus-corpuscles are seen, identical in appearance with white blood-corpuscles. How, then, can they be distinguished? you ask. They can not be; they are, in fact, only white blood-corpuscles in the wrong place. If treated with a drop or two of acetic acid, the granular contents in each disappear, and in its place a nucleus, often three-lobed, is seen.

The pus in pyuria comes from five sources: I. The female genital organs; II. The urethra; III. The bladder; IV. The kidneys and ureters; V. Abscesses which burst into the genito-urinary channels.

I. If the pus be from the female genital organs it is due to one or more of the principal causes: A. Acute and chronic vaginitis (vaginal leucorrhæa); B. Uterine leucorrhæa; C. Ulceration of the cervix uteri; D. Cancer of uterus; E. Lochial discharge; F. An abscess, as one due to pelvic cellulitis, bursting into the genital organs. These are distinguished from other causes by: 1. The clinical history and the symptoms of one or more of these affections; 2. The microscopical examination of the urine, in which may be found pavement-epithelium from the uterus, or cancer structure; 3. A purulent discharge independent of micturition; 4. The absence of pus from the urine when drawn off directly from the bladder by a catheter.

II. If the pus be from the urethra, having special reference to the male, most of it comes away just before the urine in micturition. It is also discharged in the intervals between the micturitions, and the urine is usually acid. The causes are: A. Gonorrhæa; B. An abscess of the prostate; C. An abscess of Cowper's glands or of the perineum, opening into the urethra.

A. *Gonorrhæa* is distinguished by: 1. Great pain and burning in the urethra during micturition; 2. Redness, swelling, itching, and burning at the meatus; 3. The appearance of pus at the meatus when the glans penis is gently pressed between the thumb and fingers.

B. *An abscess of the prostate* is distinguished by: 1. Pain which is present not so much during as just at the termination of micturition; 2. A swelling and tenderness of the prostate which is discoverable by rectal examination; 3. The condition of the prostate, which enables the physician by squeezing it to force pus and microscopic calculi along the urethra and out at the meatus. According to Sir Henry Thompson, an abscess of the prostate may give rise to inflammation extending back into the neck of the bladder, accompanied by symptoms resembling those of stone; such as great frequency of micturition, pain following micturition and referred

to near the lower end of the penis, a little blood occasionally with the last drops of urine, an alkaline reaction of the urine which is turbid with altered pus, an exaggeration of all these symptoms when the patient is exercising or moving about. Such a condition is distinguished from stone by (a) the absence of any history of the descent of a calculus; (b) more or less discharge from the urethra during the intervals between micturitions, but perhaps appearing only upon squeezing the glans penis or urethra; (c) often a history of gonorrhea; (d) swelling and tenderness of the prostate; (e) the absence of a stone in the bladder, determined by the sound.

C. *An abscess in Cowper's glands or the perineum* is detected by local examination.

III. If the pus be from the bladder, most of it comes away at the end of micturition. It is altered, viscid, and like "ropy mucus," due to the alkaline condition of the urine. The urine is usually more or less ammoniacal, fetid, and deposits crystals of triple phosphates. There is more or less pain in the region of the bladder over the pubic bones, which is increased according to the disease present, sometimes before and sometimes after micturition, and which is often accompanied with tenderness in the same region, especially when the bladder is full of urine; and there is increased frequency of micturition. The causes are: A. Cystitis; B. Calculus; C. New growth.

A. *Simple cystitis*, independent of calculus or new growth, is distinguished by: 1. Pain, which is severest just before micturition, when the bladder is full, and which is relieved by emptying the bladder; 2. Hematuria only in rare cases excepting when the disease is unusually acute or the result of an injury; 3. The symptoms of the primary trouble of which cystitis is really only a symptom; such as (a) the retention of urine by stricture, an enlarged prostate, by a stone in old people, by fevers paralyzing the muscular coats of the bladder, or by paraplegia; (b) gonorrhea extending backward to the bladder; (c) poisoning by cantharides, or by morbid states of the blood, as occurs in gout (gout being the cause of most "idiopathic" cases); 4. The absence of symptoms specially characteristic of stone or new growth.

B. *Calculus* is distinguished by the symptoms of the accompanying cystitis, and by: 1. Pain, which is severest at the end of micturition and for some time after (because then for a time, when the bladder is empty, the stone comes in contact with the sensitive mucous lining), and which is more distressing than the pain in simple cystitis, and referred to the glans penis about one inch from the meatus; 2. Hematuria very commonly in small quantity, so small often as only to be detected by the microscope, which is increased by violent exercise; 3. Increased frequency of micturition, which is more noticeable during the day when the patient is mov-

ing about than it is during the night (the reverse being true in prostatic stricture); 4. Sometimes a sudden stoppage in micturition due to the stone acting as a ball-valve in the bladder-opening of the urethra; 5. In a great number of cases a previous history of nephritic colic, a severe pain shooting from one kidney down to the testicle or penis, retraction of the testicle attended with rigor and vomiting, nausea, pallor, a quick and feeble pulse, intermittent pyrexia, and sometimes swelling of the testicle, all suddenly ceasing after the passage of the stone into the bladder; 6. The passage of a stone, red sand, or gravel in the urine; 7. The presence of a stone determined by a sound.

C. *New growths* originating in the bladder or penetrating it from without, either exciting secondary cystitis or ulcerating, are distinguished by: 1. Paroxysms of severe lancinating pain quite independent of micturition (in villous disease, however, there need be no pain if the urethra be not blocked by a blood-clot); 2. Hematuria, irrespective of exercise, which is irregular, coming on at long intervals, or being very persistent, and is sometimes very copious, especially in villous disease, in which it is dangerously so; 3. The presence in the pus of epithelial cancer-cells, or, in villous disease, villous processes; 4. Cachexia and emaciation; 5. The absence of stricture, prostatic disease, and other causes of retention; 6. Possibly a hard, irregular, tender tumor, which can be felt by the rectum or vagina; 7. Possibly enlarged glands in the groin, or the evidence of new growths in distant parts of the body; 8. In the absence of an appreciable tumor, and the presence of symptoms resembling those of stone, the evidence furnished by the sound, which may detect a thickening of the bladder-wall, but not the presence of a stone.

IV. If the pus be from the kidneys or the ureters, it is at first uniformly mixed with the urine, but after a little settles as a creamy layer, leaving the urine above clear. The urine is acid, as a rule, but may become alkaline by standing too long after micturition, or be alkaline from the first if pus comes from the bladder as well as from the ureter, and, when alkaline, is turbid with altered pus, which does not settle. There is pain and tenderness over the kidney and about the crest of the ilium which extends down to the bladder and penis (pain alone over the kidney may be a symptom of bladder disease only, but tenderness there is very significant). A tumor in the kidney region may be sometimes detected, and should in all cases be looked for. Increased frequency of micturition may be present, but without pain in the bladder either before or after micturition. The causes are: A. Certain rare cases of acute nephritis; B. Calculus pyelitis; C. Tubercular pyelitis; D. Pyelitis from obstruction of the urinary passages.

A. *Certain rare cases of acute nephritis*. These

are such as sometimes supervene in cases of carbuncle, boils, erysipelas, acute fevers, parturition, or pyemia, and also occur in rare instances in which gonorrhea spreads upward as acute pyelitis as well as acute nephritis, and are recognized by: 1. The slight quantity of pus; 2. The degenerate products of nephritis, such as epithelial pus or hyaline casts, etc.; 3. The previous history of smokiness or other evidence in the urine of the existence of acute nephritis; 4. A quantity of albumen much too great to be accounted for by the amount of liquor puris; 5. General dropsy not uncommonly; 6. Uremic symptoms possibly, such as headache, retching, drowsiness, coma, or convulsions; 7. The absence of any tumor to be detected externally; 8. A dry skin; 9. The previous history of one of the above causes.

B. *Calculous pyelitis* is distinguished by: 1. A previous history, though not always, of nephralgia, a pain extending from the kidney to the testicle, penis, vagina, or thigh, attended with rigors, nausea, vomiting, frequent micturition, hematuria, retraction or swelling of the testicle, pallor, a quick and feeble pulse, and some fever, perhaps; 2. Pain and tenderness, or simply a burning or aching, not necessarily in all cases, however, more or less constant in the region of one kidney or both, which is increased by much exercise and fatigue, or may be present only during fatigue; 3. Hematuria, especially when the calculus is composed of oxalate of calcium, and in any other case after violent exercise, while microscopic blood is usually present at other times; 4. A variation in the quantity of pus from day to day; 5. The absence of casts; 6. Crystals of uric acid, or not uncommonly of oxalate of calcium; 7. A tumor in certain cases, not in all, more or less painful, in the kidney region, which enlarges when the quantity of pus in the urine diminishes, and becomes smaller or disappears when the quantity suddenly increases; 8. Attacks of intermittent pyrexia, occasionally ushered in by rigors, and followed by profuse sweating, which are most severe when the tumor is largest; 9. Absence of dropsy and other signs of acute nephritis, though the patient may ultimately die of uremia due to the wasting of the secreting tissue of the kidney; 10. Its duration, which may be a fair lifetime (one case lasted forty years), or may end favorably by the stone passing into the bladder or becoming encysted.

C. *Tubercular pyelitis* is distinguished by: 1. The absence of any history of renal colic; 2. A constant, dull pain in the back, over one kidney or both, with exacerbations when the ureter becomes blocked, and which is accompanied with tenderness over only one kidney in nine cases out of ten; 3. Hematuria not uncommonly which is slight, and may be the earliest symptom, and then disappear; 4. The unvarying or steadily-increasing quantity of pus in the urine;

5. The absence of casts from the urine and the presence often of amorphous granular matter insoluble in acetic acid, of particles of caseous matter, or fibers of connective or elastic tissue; 6. The absence of crystals; 7. The formation, if the ureter be blocked, of a tumor, which may point externally or even stretch across the middle line (out of sixteen cases a tumor formed in seven); 8. Persistent pyrexia, usually intermittent and hectic, with night-sweats; 9. As a rule, persistent and rapid emaciation, but the patient may even gain flesh under treatment; 10. Signs of tubercle in the lungs, bowels, testes, prostate, vertebrae, or elsewhere; 11. The fact that it occurs more frequently in males than in females; 12. The absence of dropsy and any tendency to uremia, the patient dying from exhaustion; 13. The rapid progress of the disease, which rarely lasts two years.

D. *Pyelitis from obstruction of the ordinary passages* is distinguished by: 1. The history and symptoms of a primary obstructive disease, as cancer of the uterus, stricture, enlarged prostate, hydatids in the pelvis, etc.; 2. Constant aching pain and tenderness in the back, over one kidney or both; 3. Copious urine of low specific gravity, with little urea or albumen; 4. A varying quantity of pus in the urine, possibly with casts, consisting of pus-cells from small abscesses in the substance of the kidney, or with an alkaline reaction due to the concurrent cystitis; 5. Very commonly paroxysms of intermittent pyrexia; 6. The great tendency to headache and uremic symptoms.

V. If the pus be from an abscess bursting into the urinary passages, its places of origin may be very various, some of them being: A. In rare case, empyema; B. A topical abscess of the liver; C. A psoas abscess; D. A prostatic abscess; E. Pelvic cellulitis after or independent of parturition. The urine is usually acid, and the pus falls as a creamy layer. Further, the diagnosis depends upon (1) the clinical history previous to the pyuria, and (2) the concomitant symptoms and signs of the primary disease.—*Medical Record*.

THE TREATMENT OF ECZEMA OF THE HAND, OFTEN MISCALLED PSORIASIS PALMARIS.

How I wish that our masters and teachers of dermatology would make it plain beyond all cavil that there is no such thing as *psoriasis palmaris*, except as a syphilid. Dr. Liveing approaches the nearest to this decision of utterance when he writes (*Handbook on the Diagnosis of Skin-Diseases*, p. 123) that "in syphilitic psoriasis....the palms and soles are often affected, but never in simple psoriasis." But, if the student or junior practitioner turn to the lamented Dr. Tilbury Fox's splendid

Atlas of Skin-Diseases, he will find a plate adopted from Willan and Bateman, and described as *psoriasis palmaris*, a "very obstinate form of psoriasis." It is true that Dr. Fox admits "a scaly thickened condition, with more or less fissuring of the palms of the hands and soles of the feet," as liable to follow eczema and some other affections; but he says that it may be also a part of general psoriasis, which has travelled on to the palm of the hand from neighboring portions of skin.

Acknowledging that the circumferential tracts of the palm may be affected with true psoriasis which has extended from the back of the hand, I confidently affirm (with the greatest respect for Dr. Tilbury Fox's learning and experience) that the disease represented in Willan and Bateman's plate is not psoriasis at all. The anatomical and physiological affinities of the skin of the palm forbid such an idea. The thing may look like psoriasis, but that is quite a different thing, as Dr. Fox would have been the first to admit. Fissures and moist scales on the flexor aspect of a limb proclaim unmistakably that a disease belongs to the eczematous group.

Dr. Fairlie Clarke (*Practitioner*, August, 1874) has observed the confusion which arises from applying the term psoriasis to many different morbid conditions of the tongue. Dr. McCall Anderson describes the eczema of the hand of which I am now speaking, as *eczema rimosum*.

The practical point is this. Wrong names affixed to diseases of the skin suggest and invite wrong treatment. Eczema of the palm of the hand is so disguised and altered by the thickness of the dermal structures, that it is hard to believe the heaped-up, fissured, and often bleeding epidermis to be an eczematous affection. But it is certain that any application of an irritating nature will exasperate the disease, and anything of a specifically soothing nature will gradually cure it.

A gentleman a little past middle age, of a healthy constitution, and engaged in the Civil Service, came to Bath from London last autumn with an eczema of the hands and feet more intense than (I think) I had ever seen before. He had been under the care of a distinguished London surgeon, who had called it eczema, but had certainly treated it as a psoriasis; for *liquor carbonis detergens* had been prescribed in a lotion, and arsenic had been given internally. The result was most disastrous. No treatment with thermal waters could permanently benefit such useless hands and painful feet. The hands were alternately bathed with glycerine and covered completely with compound lead ointment (the form I always use is given in Mr. W. Spencer Watson's book on *Diseases of the Nose and its Accessory Cavities*); and light thread gloves were constantly worn. Only the ointment was applied to the feet. At a later stage, the parts were washed with milk and sulphur-soap; and

towards the end of the treatment arsenious acid was ordered in the form of pills. At the expiration of about three weeks, my patient left Bath much better; he got through the terrible winter without serious drawback, and in February he was virtually well. For some time, he used the ointment occasionally; the smoothness and flexibility of the palms of the hands are perfectly restored, and he can walk any reasonable distance with ease and comfort.—By John Kent Spender, M.D. Lond., Bath—*British Medical Journal*.

ON OBLIQUE LINEAR SCARIFICATION OF THE SKIN IN THE TREATMENT OF PORT-WINE MARK.

By BALMANNO SQUIRE, M.B., Lond.

Surgeon to the British Hospital for Diseases of the Skin.

The performance of (vertical) multiple linear scarification as a remedy in some diseases and malformations of the skin as first proposed by myself, has now, for some two or three years, become commonly practised, but it has been found, both by myself and others, to be a more or less tedious process, more especially in relation to that otherwise invincible condition known as a port-wine mark.

The "obliteration of port-wine mark without scar" is a problem which still demands a somewhat easier solution than has yet been found for it, and it is probable that in *oblique* scarification this end has been already arrived at.

The process of *vertical* scarification cuts off definitively all lateral supply of blood to the cavernous vascular structure of which the skin affected with port wine mark mainly consists, but it does not cut off the abnormal supply of blood from *below*, namely, from the subcutaneous vascular net-work. Hence the frequent repetition of linear scarification which has hitherto been required, in order effectually to obliterate the port-wine mark. However, by means of oblique scarification the cure of any definite portion of a port-wine mark may be easily accomplished in only two sittings, and this fact is readily intelligible on the hypothesis that, in this way (after duly reversing the incisions in the manner to be mentioned), the supply of blood to the over vascular skin is finally cut off in *every* direction, except, indeed, by means of those limited channels which subsequently become re-established, and which serve eventually only for the due nutrition of the tissue operated on.

The satisfactory result which is thus obtainable is effected equally as in the case of vertical scarification without the production of any scar.

It remains for me only to describe the few details of the improved process.

At the first operation (performed after freezing the skin with the ether spray), the skin is

cut by means of a scalpel rapidly into a series of minute squares, but the instrument, instead of entering the skin perpendicularly, enters it obliquely, that is to say, at an angle of 45° with the surface, so as to divide the skin, not into a series of vertical slices at each of the two crossed operations, but into a series of slanting flaps.

The second operation is precisely the same as the first, only that the slants are respectively the opposite of the slants practised on the first occasion.

Bleeding is almost absolutely prevented by exercising effective pressure on the surface operated on for say about ten minutes continuously.

I am now engaged in devising the construction of an instrument with many blades for the prompt performance of this operation. It is an instrument similar in many respects to my (vertical) multiple linear scarifier, which perhaps explains itself sufficiently by its name.—*Dublin Medical Press*, November 26, 1879.

HOT APPLICATIONS TO THE HEAD IN UTERINE HÆMORRHAGES.

The anæmia of the brain is one of the most dangerous symptoms in acute hæmorrhage; hence Schroeder recommends to put the head of the patient low. Others recommend transfusion, some Esmarch's apparatus on the extremities (Moeller), and nitrate of amyl has also been highly spoken of, in order to force more blood in the anæmic brain.

Koehler used for the last seven years hot applications to the head, in order to remove anæmia from the brain, especially as the brain is considered the chief factor of life. At the same time hot applications may be put over the cardiac region. As sand is nearly always handy, he prefers hot sandbags. The patient bears well, sand of such high temperature that the hand can hardly hold it. The sandbags are hardly applied when consciousness returns, the pulse returns and becomes stronger, the patient acknowledges to feel better, the dimness before the eyes and the surging in the ears disappear, and, as the heat in the bag declines, she requests another hot one. Even in most desperate cases Dr. Koehler saved thus the life of his patient. There is no time lost, inasmuch as any person can attend to it. In acute anæmia, in consequence of epistaxis, the same treatment succeeds. Let us discard the ancient horrible icebag in anæmia from acute hæmorrhages. The patient wants heat, it feels agreeable to her, let us respond to this call of nature.—*Allg. Med. Cent. Zeitung*, 2, 1879.—*Maryland Medical Journal*.—*Nashville Journal of Medicine and Surgery*, September, 1879.

DOUBLE PNEUMONIA AND ABORTION.

On the 11th March I was called to see, with another physician, a white woman, aged thirty-three; skin very hot, both cheeks flushed, eyes suffused, respiration about 23, pulse 120. Complained of severe pain in both sides of the chest. Cough constantly. Both sides dull on percussion, right side more involved. Respiratory murmur at upper part of both lungs very loud, accompanied by some fine crepitation. Tongue very broad and flat, deeply furrowed in centre, base covered with a dense, dirty, brownish fur, lips red, breath very offensive. Diagnosed double pneumonia. Ordered a large mush poultice, to cover both sides of the thorax, to be as hot as the patient could endure it. Acetate of ammonia, in one drachm doses, to be given every three hours. Five grains of dextro-quinine every six hours. Eleven A.M. next day pulse was 120. Right lung more involved, pain more acute, respiration more rapid, mouth dry, tongue more brown, fissure deeper, heat of skin $103\frac{1}{2}$. Ordered poultice to be continued, and increased my dose of dextro-quinine to twelve grains, to be given at once, and repeated in four hours. At nine P.M. saw the patient; complained of diarrhœa. Three doses of dextro-quinine were taken, and the symptoms were much improved. For the diarrhœa a few drops of Monsell's solution of iron were ordered every hour. Nourishment principally consisting of milk. Dextro-quinine was given only twice during the night. On the morning of the 12th symptoms much improved, though the dullness was as great, but heat and restlessness abated somewhat; diarrhœa under control. During the next two days the acetate of ammonia was continued in one-drachm doses, every four hours, five grains of dextro-quinine to be given three times a day.

On the 15th I was called in haste to her. Found pulse 135, respiration very rapid, skin very hot; two slight convulsions came on while I was with her. Ordered beef tea and milk to be given frequently, in small quantities. Tincture of veratrum was given in small doses every hour. Four o'clock I saw her again; was told that labor pains were on her. She was four months advanced. Made a vaginal examination, and found the os dilated, perineum soft and yielding, but little hæmorrhage, and before I left the house the fœtus was expelled, minus the placenta. The shock this abortion inflicted on the system was fearful; she became semicomatose, pulse went up to 150, small and thready, breathing diaphragmatic. Several convulsions then came on. Hard ones were on her in twenty minutes or more. Face was pale, skin of body intensely hot, while the extremities were cold. Something had to be done forthwith, and as I put about as much faith in dextro-quinine as most men do in a good brake on an express train, I poured out what I thought to

be a good twenty-grain dose of that drug, which was dissolved in a solution of tartaric acid, and poured it down her throat. This was repeated in an hour. It was certainly marvelous to witness the effects produced. In two hours the pulse was reduced forty beats, and the skin much cooler. Though the convulsions did not entirely subside in that time, they were very much lessened. In three hours more I gave her ten grains again; by night she recovered her senses. Next day I found, to my surprise, that there was very much less solidness of lung than at any other time since I first saw her. I removed the placenta with a hook this day; but very little hemorrhage occurred at any time. The dextro-quinine was now combined with Squibb's tincture of iron, five grains to thirty drops every three hours. From this time on the convalescence went on uninterruptedly. I make no comments on this case, but would ask the attention of the profession to the line of treatment followed, which I believe will be found a successful one in cases, both of double pneumonia, pleuro-pneumonia, intermittent fever, and allied diseases.

L. A. RUTHERFORD, M.D.

Macon, Ga.

—*Philadelphia Medical and Surgical Reporter*.

EFFECTS OF TEA ON THE SYSTEM.

Dr. W. J. Morton, of New York, describes a nervous disorder resulting from excessive tea drinking (*Journal of Mental and Nervous Disease*, Oct.), and adds these general conclusions on the subject:—

1. With tea, as with any potent drug, there is a proper and improper dose.

2. In moderation, tea is a mental and bodily stimulant of a most agreeable nature, followed by no harmful reaction. It produces contentment of mind, allays hunger and bodily weariness, and increases the incentive and the capacity for work.

3. Taken immoderately, it leads to a very serious group of symptoms, such as headache, vertigo, heat and flushings of body, ringing in the ears, mental dullness and confusion, tremulousness, "nervousness," sleeplessness, apprehension of evil, exhaustion of mind and body, with disinclination to mental and physical exertion, increased and irregular action of the heart, increased respiration.

Each of the above symptoms is produced by tea taken in immoderate quantities, irrespective of dyspepsia, or hypochondria, or hyperæmia. The prolonged use of tea produces, additionally, symptoms of these three latter diseases. In short, in immoderate doses, tea has a most injurious effect upon the nervous system.

4. Immoderate tea drinking, continued for a considerable time, with great certainty produces dyspepsia.

5. The immediate mental symptoms produced by tea are not to be attributed to dyspepsia.

In the above experiment upon myself, the whole group of symptoms was produced, with no sign of digestive trouble superadded.

6. Tea retards the "waste," or retrograde metamorphosis of tissue, and thereby diminishes the demand for food.

It also diminishes the amount of urine secreted.

7. Many of the symptoms of immoderate tea drinking are such as may occur without suspicion of tea being their cause; and we find many people taking tea to relieve the very symptoms which its abuse is producing.

SWALLOWING A SAFETY PIN.

A remarkable case is reported to us in a letter from Dr. G. S. Trezevant, of Columbia, S. C. A little girl, three and a half years old, swallowed what is known as a safety or diaper pin, the point of which rests in a sheath when closed, but when not, opens, by a spring, to the width of $\frac{3}{4}$ of an inch. This formidable apparatus was swallowed when opened. Dr. Trezevant's advice to the parents was to abstain from all medication, as the only hope for the child's safety was for the pin to become imbedded in the feces, so as to guard the point, and to feed the child on such nourishment as would favor constipation. The little girl did not have an ache or pain; bowels open regularly once every day. Two weeks, exactly, after the pin had been swallowed, it was passed, imbedded in the solid feces.

We would call attention to the sound wisdom of this advice. It was exactly right; yet we have known physicians who, in similar cases of swallowing foreign bodies, advised spare diet and cathartics. Nothing could be further from correct practice.—*Phil. Med. Reporter*, Dec. 13, 1879.

A GOSPEL TRUTH.

Writing of "gratuitous treatment of clergymen," Dr. Wood, in the *Philadelphia Medical Times*, says:

It has long been etiquette among physicians, how long we do not know—always, perhaps—to treat clergymen without remuneration. In the opinion of the laity a doctor's fee, no matter how small it may be, seems out of proportion to what he expends or gives for it. The line or two of hieroglyphics and the dozen words of advice are all-powerful for life or death; but they cost the physician nothing at the time they are given, although the giver may have spent thousands of dollars on his education. A certain annual income is then necessary in order simply to pay the interest upon what his know-

ledge has cost him. Moreover, we have always contended that the better the physician's education the more valuable is his advice, just as the labor or the opinion of a master workman is worth more than that of his apprentice or half-developed journeyman. But while in the one case the laity see the logic of this argument and are willing to pay for it, concerning the highly-educated physician there is a spoken or tacit opinion that he demands too much. When danger has passed the smallest fee is grudged, the animus being that of the old French couplet, which signifies that while he is needed the doctor is an angel, but when his bill is presented he is a—the contrary. [That is, the "devil to pay."]

In eighty cases out of one hundred a doctor whose opinion is worth having not only earns his fee, but, in view of what he really gives for it, is underpaid. Like other human beings, he has his butcher, his baker, his grocer, his tailor. Like them, too, he has bills to pay. He may be no mathematician, but he has sufficient algebra to know that o will not pay for x . What wonder, then, that he sometimes feels himself an abused and unappreciated individual!

When he received his diploma perhaps he took the Hippocratic oath, which requires him to listen to the plea of the sick poor; and if he have a human heart, he finds pleasure in healing their ills for the sake of that untold satisfaction which is the reward of relieving suffering. It is his method of giving in charity, and only he knows how much and how often he thus gives, and gives willingly. But when he is called upon to give gratuitously where there are larger means of payment than are represented by his own income, he involuntarily feels wronged, and wonders how the man of income equal to or larger than his own can accept much and give nothing. This is the position in which he is placed when called on to attend many of our city clergymen and their families.

If the physician attends church—and it is hoped he does—he assists in paying his minister's salary. If he marries—and let us again hope he does—he pays his minister a fee which five times exceeds what he would ask for granting the clergyman a similar amount of time. In case of death in his family he perhaps would hardly feel comfortable unless he sent his minister a fee for his services at the funeral. Now the real question arises, why should he not receive a reward for his services when the minister calls for them?

There is no kind of doubt that in this superannuated, unworthy custom of gratuitous medical treatment of all clergymen there exists a rank injustice. If the minister is poor, his family large, and his salary small, who should be more ready than the large-hearted physician to give of his medical largess? But when the clergyman is getting three, four, or five thou-

sand a year there is no justice whatever in his being an eleemosynary institution.

APPLICATION IN APHTHOUS STOMATITIS.

R Pulv. sodii borati..... } aa ʒj;
Pulv. acid salicylici..... }
Mellis..... ʒ iij. M.
—*Phila. Med. Times.*

HEMORRHOID OINTMENT.

R Iodoform..... ʒj;
Acid carbolie } aa gr. xv;
Acid tannic }
Ext. belladonna } aa gr. viij;
Pulv. opii..... }
Vaseline..... ʒj.
—*Southern Clinic.*

SUPPOSITORIES IN VAGINISMUS.

R Ol. theobromæ ʒj;
Potassii bromidi..... gr. x;
Ext. belladonnæ gr. vj;
Acid. thymici..... gr. j. M.
Fiat in suppositor No. 1.
To be placed in the vagina every evening.
—*Phila. Med. Times.*

THE CURE OF CONSUMPTION.

It is now pretty generally believed—universally, we might say, in the medical profession—that the age of miracles is over; but the statements now starting the rounds of the medical journals in Germany regarding the cure of tuberculosis by the inhalation of the benzoate of soda are calculated to renew the most sinking faith.

Dr. Krocak, of Innsbruck, says: "We use one part of benzoate of soda in a five-per-cent solution twice daily to the thousand of the body-weight by means of a good atomizer for seven weeks without interruption. With it we enjoy the use of abundant satisfaction of the rapidly-returning appetite with meat diet, fresh air, and abstinence from all debilitating causes."

A Vienna paper adds: "Our druggists can hardly supply the demands for the benzoate of soda, as the use of it has surpassed all medical prescriptions. It is indeed bought up on every hand."—*Cincinnati Lancet and Clinic.*

TYPHOID FEVER—ITS TREATMENT.

Sir Wm. Jenner sums up his views of the *Treatment of Typhoid Fever*, in an address on this subject in the *Lancet* of Nov. 15th, as follows:—Typhoid fever cannot be cured; but more lives may be saved by the judicious treatment, and more lives lost by the improper

treatment, of typhoid fever, than of any other acute disease. For a very large proportion of cases no other treatment is really required from beginning to end than rest in bed, quietude, fresh air, pure water and regulated diet, although most cases are benefited by a little wine in the 3rd and 4th weeks. If medicinal, in addition to hygienic, treatment is required, it is because special symptoms by their severity tend directly or indirectly to give an unfavorable course to the disease. At the same time, it must be remembered that the gravity of some symptoms is in certain cases due to lesions of structure beyond the possibility of successful treatment, *e. g.*, primary deep sloughs of Peyer's patches, and that other grave symptoms pass away spontaneously, although no special treatment is prescribed for their relief. When drugs are required to hold in check a special symptom, their use should be discontinued when the gravity of the symptom for which they are prescribed has subsided.

Temperature so high and continuous as to be a cause of danger, either directly or indirectly, by favoring serious degenerative changes of structure, is present in exceptional cases only, and for such cases alone is the direct application of cold to the general surface required.

Alcohol, by the influence it exerts on the nervous system, is of the greatest value in the treatment of typhoid fever, but it should only be given for the purpose of attaining a definite object; its effects should be watched, and the dose so regulated as to attain the desired effect from as small a quantity as possible. As the treatment in reference to many symptoms is, in the present state of our pathological knowledge, tentative, it may have to be varied frequently, both as regards continuance and dose of drugs, of stimulants and cold. My experience has impressed on me the conviction that that man will be the most successful in treating typhoid fever who watches its progress, not only with the most skilled and intelligent, but also with the most constant, care, and gives *unceasing attention to little things*, and who, when prescribing an active remedy, weighs with the greatest accuracy the good intended to be effected against the evil the prescription may inflict, and then, if the possible evil be death, and the probable good short of the saving of life, holds his hand.

While admitting without reserve that heroic measures, fearlessly but judiciously employed, will save life when less potent means are useless, the physician whose experience reaches over many years will, on looking back, discover that, year by year, he has seen fewer cases requiring heroic remedies and more cases in which the unaided powers of nature alone suffice for effecting cure; that year by year he has learned to regard with greater diffidence his own powers, and to trust with greater confidence in those of nature.

SUCCINATE OF IRON IN GALL-STONE.

In the able address delivered before the Gynecological Society, assembled last week in Baltimore, Dr. Thomas, president of the association, referring to the recent triumphs of and accessions to surgery, said it had even invaded the gall-bladder. In what manner and with what object has it made this raid? By cutting through the walls of the abdomen and then into the gall-bladder itself, with the object of removing therefrom biliary calculi! We must not be surprised to hear next of aspirating the fourth and lateral ventricles for drawing off serous effusions, or tapping the torcular Herophili for the purpose of depletion. Dr. Thomas selected an unfortunate example to illustrate the progress and paramount importance of surgery; for if there is any one thing that does and must forever belong exclusively to the department of practical medicine it is the ready means physicians have at command of always being able to dissolve in the gall-bladder cholesteric gall-stones with as much certainty as if these same calculi were in a glass tumbler before them. Eight or ten years ago a much-abridged paper was published in Ray's Journal recommending chloroform in doses of from five to sixty drops every four or six hours, as a sure means of dissolving in the gall-bladder calculi, however large or numerous they might be. In the American Journal of the Medical Sciences for July, 1867, I also advised the use of succinate of iron as a solvent of gall-stones and of cholesteric fat, whether in the coats of arteries or elsewhere. This preparation contains more nascent appropriable oxygen than any other known therapeutic agent, in its decomposition and recompositions can do no harm, and is of all the ferruginous articles one of the very best for malarious cachexy, or in any other conditions where the blood globules diminish or need rehabilitation. Nitric acid contains, of course, a great deal more oxygen, which is however, too easily taken up where it is not wanted; whereas the oxygen in succinate of iron is only appropriated when required, and if not needed is not appropriated at all. And for this reason, in all those cases of liver trouble where nitric and hydrochloric acid are usually prescribed the succinate of iron will, it is believed, be found on trial far more efficacious. I have used the article for thirty-five years, prepared as a hydrated succinate of the peroxide of iron. Held in suspension by pure water, in impalpable form, it is permanent when carefully manipulated. Considering the activity of oxygen, it is easy to see what this compound can do with cholesterine and cholesteric fat containing only one and one half per cent of that omnivorous agent. In the Transactions of the Kentucky State Medical Society for 1877 Dr. John A. Oeterlony reports a number of cases

of chole-lithiasis which were treated with complete success by the use of succinate of iron alone. In these critical and urgent cases of gall-stone, where often no time can with safety be lost, I prefer the conjoint use of terchloride of formyl and Stewart's preparation of the succinate of iron. In the last three cases treated successfully I commenced the use of both chloroform and succinate of iron as soon as the existence of a gall-stone was beyond reasonable doubt established, giving the former in doses of ten drops every four hours, and of the latter a teaspoonful half an hour after each meal.—*T. H. Buckler, M.D., in Boston Medical and Surgical Journal.*

HYSTERICAL RETENTION OF URINE.

A great rule in hysterical retention is *not* to draw off the urine. If you once begin to do so you will have plenty of work supplied to you. I do not mean to say that in no case are you to draw off the urine, because the bladder may become so distended that if you did not draw it off you would do the woman serious injury; but, after drawing it off, and after observing that the bladder has contracted, I recommend you to abstain from further assisting the woman. Of course you must be quite sure of your case—that it is a hysterical case; and here the importance of diagnosis is immense. It would be a dreadful thing to do a woman a serious injury through having mistaken her case for hysteria.

The way of treating these cases was well illustrated in an example which I had not long ago in the hospital, where a woman had been the torture of the physicians in the district from their being sent for at any hour of night or day to draw off urine. She was the protégé of all the Ladies Bountiful in the neighborhood, so that the doctors were afraid to treat her heroically. When she came into the hospital I said aloud in her presence, what I did not mean, that, although the bladder burst, the urine was not to be drawn off. It never was drawn off again. She made her water regularly after that, and went home cured, very much against her will. Repeated catheterism is sometimes required in cases of dilated bladder, in consequence of its large size and imperfect action; and some cases of irritable bladder from extreme size are cured by repeated emptying by a catheter and allowing the bladder to contract.—*J. Matthews Duncan, M.D., LL.D., in Medical Times and Gazette.*

TREATMENT OF LUMBAGO.

The best treatment in acute lumbago, at first, is the application of cut-cups to the muscle or muscles affected, to be followed immediately by narcotic fomentations in the shape of a bag of hops soaked in hot

water, hot vinegar, or alcohol, and applied directly over the scarified parts. There are various stimulating and anodyne liniments which may also be used, as turpentine, ammonia, and camphor. Opium in the form of a ten-grain Dover's powder, given early, relieves pain and produces diaphoresis. Atropia hypodermically (one eightieth of a grain) is valuable, but must not be given to nursing women. Morphia may also be given hypodermically (except in pregnancy), and these two remedies are usually the best in private practice when cut-cups cannot be used. Iodide of potassium, in doses of five to ten grains every three hours, gives very good results. Chronic lumbago is very stubborn. The most useful class of remedies are blisters, sinapisms, the actual cautery, etc. Local friction and *massage* conscientiously applied are often useful when counter-irritants fail. Tepid water may be applied, either in the shape of wet compresses kept in constant contact with the part, or in the form of a douche falling steadily upon the rheumatic muscles for some time from a height of eight to ten feet. The action of water, though slow, is a very permanent one. After the treatment by douche or by wet compresses the parts should be briskly rubbed with a coarse cloth or a skin-brush, and then covered with cotton or wool or a piece of India-rubber cloth. The use of a metallic brush is sometimes advantageous, and finally tying a cloth over the lumbar regions and ironing them thoroughly two or three times every day, following this up with the application of some stimulating liniment, is often to be advised.—*Hosp. Gaz.*

THE HOT-WATER DOUCHE IN PARTURITION.

The condition in which we get the most signal effects from the douche is that of uterine inertia after the placental delivery, and in this condition I am inclined to think that we have an absolutely reliable agent to control bleeding—an agent which may reduce the terrors of post-partum hemorrhage and make its fatal termination an almost impossible event if applied at any time while power of reaction is not entirely exhausted. The dangerous use of iron and other styptic injections will then be without excuse, and the study of prophylactic measures a matter of little moment.

For this purpose no other apparatus is needed than that already described. Special tubes are not required. The ordinary vaginal nozzle of the Davidson syringe, prepared as before suggested, will be found as useful as any other. In applying it the patient is turned upon her back. If a pan is at hand it should be used; but if not, the urgency of the case requires that there shall be no delay. The water is

placed in a vessel—preferably a small pitcher or deep basin—to the bottom of which he dropped the supply-tube, and carefully sild there, that no air may be drawn into the instrument. If carbolic acid or other disinfectant be at hand put a suitable quantity into the water (of carbolic acid two fluid drams of ninety per cent solution to the pint; of Labarraque solution one half fluid ounce; if neither of these, a tablespoonful of common salt may be quickly dissolved). The temperature may be guessed at by the accoucheur if no thermometer be had, or, if the case is very urgent, letting it be just hot enough not to be painful to the hand. The nozzle is then carried, upon the index-finger of the hand corresponding with the side of the patient toward the operator, to the vicinity of the vulva, the bulb compressed by the nurse or other assistant until all air has been forced from it, then carried into the vagina, while the opposite hand grasps firmly the uterine globe. The fingers in the vagina may be moved about freely to break up clots rapidly, there being sometimes a complete distension of the vagina with firm, hard coagula. The stream is kept up continuously, washing out as fast as the clots are loosened. The nozzle is to be carried to the os uteri and directed into the orifice. If the coagula in the uterus are loose and not abundant the force of the stream may be sufficient without carrying the finger into the uterine cavity; but if the hemorrhage has been great and the uterus largely distended it is better boldly to introduce the pipe, guarded by the finger, and, moving it around gently, let it, with the aid of the stream, detach from the intra-uterine surface all shreds of membrane or small coagula which may be found adherent to the surface, and which, if not removed, will act as centers of coagulation. While this is going on, the hand upon the uterine tumor feels it steadily, and generally instantly contracting, condensing itself into a firm, hard mass, receding completely into the pelvic cavity below the brim. The water passing from the vulva is soon observed to be free from color, and the hemorrhage is arrested. A uterus after such accident ought to be carefully watched and compressed in the hand of the accoucheur or of an assistant until all probability of secondary relaxation is over. Yet so far it has not been found necessary to resort to a second injection. In only two cases since using it has it failed; those occurred very early in my experience with it, and I believe I only resorted to the use of ice because my confidence in the hot water had not been sufficiently established. Judging from all experience since, then, a perseverance with the douche would probably have rendered the ice unnecessary.—*Dr. Albert H. Smith, in Medical Times.*

THE VALUE OF CALOMEL IN THE ZYMOTIC DISEASES OF INFANCY.

Dr. E. M. Boddy expresses his views as follows, in the *Medical Press and Circular*, October 8th:—

I shall make a few remarks on the advisability of administering calomel in diseases which are specially *peculiar* to infancy, such as scarlet fever, measles, and others of a zymotic type.

In all the zymotic or exanthematous fevers, there is the accompanying eruption or rash, as it is usually called, which when it has thoroughly exhausted itself, or in other words, when it has finally disappeared, and the desquamation of the cuticle has commenced, then is the time to direct our attention to the alimentary canal, for we shall invariably find after, as well as during the attack, that the alvine excreta are in a most filthy and unhealthy condition, in fact, almost approaching a poisonous character, and, as some believe, contain an element highly infectious to the last degree, and especially when the patient is suffering from typhoid fever. Regarding these infections, or non-infectious characteristics, I have nothing to do; but, parenthetically, I may say, they develop gases, exceedingly offensive and injurious if inadvertently inhaled; they must, therefore, be extremely detrimental to the recovery of the sufferer, for if they are poisonous when ejected or exposed to atmospheric influences, what must they be when allowed to remain in the intestines, pent up in a confined space, with the mucous membrane absorbing the impurities resulting from the effects of the fever, besides the impure liquid portion of the feces; what must be the result, I say—a protracted recovery, or a certain death?

Therefore, it behooves us, immediately on the disappearance of the rash, to administer purgatives till we have eliminated the fever poison which has been germinating and stagnating in the fecal contents of the intestinal canal, and the only purgative which is at all capable of thoroughly cleansing out the intestines is calomel; for, owing to its dual properties, it not only purges the patient, but by virtue of its chologogic action, it cleanses out the human cesspool, *viz.*: the liver, which, in all fevers, is a reservoir for everything impure and unhealthy.

If we do not pursue this course, the inevitable result is diarrhoea, which, instead of being regarded as a good omen, as indicating that nature requires assistance, and that she is trying to accommodate herself to the force of circumstances, we go diametrically opposite to her, and regard the efforts of nature as significant of approaching evil; and so we resort *instantly*, to astringents; and if that is not sufficient (and it very seldom is), we inject up the rectum certain astringent compounds, which is as unscientific

as the insertion of a cork would be ; we know, or can guess the result—the child dies, presumably from the fever, though I cannot help thinking that the child succumbs to the deleterious action of the astringents.

METHOD OF PRESERVING DEAD BODIES.

Mr. Keysmann, United States Consul General at Berlin, in his dispatch to the Department of State, dated October 30th, communicates a description of a newly discovered process for the preservation of dead bodies. The inventor or discoverer had secured a patent for the process, but the German Government, conceiving the high importance of the invention, induced the patentee to abandon his patent. Thereupon the Government made public, through the press, a full description of the process, as set forth in letters patent. The following extracts are translated from the German newspapers of Oct 23d :

The dead bodies of human beings and animals, by this process, fully retain their form, color and flexibility. Even after a period of years such dead bodies may be dissected for purposes of science and criminal jurisprudence. Decay and the offensive smell of decay are completely prevented. Upon incision the muscular flesh shews the same appearance as in the case of a fresh dead body. Preparations made of the several parts, such as natural skeletons, lungs, entrails, etc., retain their softness and pliability.

The liquid used is prepared as follows: In 3000 grams of boiling water are dissolved 100 grams of alum, 25 grams of cooking salt, 12 grams saltpetre, 60 grams potash and 10 grams arsenious acid. The solution is then allowed to cool and filter; to 10 litres of this neutral, colorless, odorless liquid, 4 litres glycerine and one litre methylic alcohol are to be added. The process of preserving or embalming dead bodies by means of this liquid consists, as a rule, in saturating and impregnating the bodies with it. From $1\frac{1}{2}$ to 5 litres of the liquid are used for a body, according to its size.

THE TREATMENT OF HEMORRHOIDS.

In the *Practitioner*, October, Dr. D. Young, of Florence, speaks favorably of the steady administration of glycerine for hemorrhoids. He adds—

I would call attention to aloes as an aperient in these cases. Out of between thirty and forty cases treated as above, and as many more treated for constipation alone, I have only found one in which aloes seemed to increase the hemorrhoidal trouble. When it is combined with belladonna and quinine, or belladonna and nuxvomica, it rarely, as far as my experience goes, causes any trouble in the rectum.

I would only further suggest that much may be done preventively in these cases, and nothing is more useful in this direction than the free use of cold water *immediately* after each action of the bowels. When the hemorrhoids are inflamed warm water is generally more agreeable and soothing, but when they are in a chronic state—giving little or no trouble—the free use of cold water, in the manner presently to be described, will not only be a source of much comfort, but greatly lessen the frequency of the attacks. Not only is there a great deal of neglect in the matter of personal cleanliness, in the present day—at least as far as the bowel is concerned—but many to whom this charge would not apply equally fail from want of proper knowledge as to the manner in which the lower bowel ought to be bathed. When the question is put, “Do you carefully attend to bathing the rectum every day?” the answer invariably given is “Yes;” but when you inquire more particularly, you find that it is done during the ordinary bath, before the bowels have been relieved, or at some other time, having no relation to the hour of defecation. This is where the mistake lies. The moment when the application of a cold sponge to the bowel is of so much value in preventing the formation of piles, and in giving relief when they are present, is just the moment *after* the motion has passed. At the instant of the passing of the motion a partial eversion of the lower bowel takes place, and any hemorrhoids which may be lying on its surface come down with it. If paper is used, as is so universally done, in order to cleanse this portion of the rectum, the sensitive mucous lining shrinks from the rough touch of the paper, and the everted portion returns to its place only partially cleansed, and having adhering to its surface particles of fecal matter, which keep up a constant irritation, giving rise to great discomfort, even when no hemorrhoids exist.

In cases of hemorrhoids, fistulæ and ulceration, when I have had occasion to examine the rectum just after a motion had been passed, I have been greatly struck by the amount of fecal matter which was found covering the surface of the sphincters; sometimes completely obscuring a tender ulcer or other abraded part, affording a ready explanation why rectal sores are so intractable in the hands both of the physician and surgeon. I invariably prohibit the use of everything but the wet sponge. If the patient is very sensitive the application of cold water to the lower end of the bowel will sometimes cause colicky pains in the abdomen, in which case I advise tepid water, at least to begin with. All that is necessary is a little vessel about the size of a tumbler, having a lid which fits tightly, and a bit of sponge. The vessel, filled with water, is taken into the closet, and the soaking sponge freely used the moment the motion has passed. Instead of the mucous membrane shrinking

from contact with the wet sponge, it appears rather to be soothed by it, and therefore the everted portion of the rectum is thoroughly cleansed before it returns within the bowel. Many have objected to this simple plan that it is troublesome and difficult to manage; but of all those who have adopted it not one but has given the same testimony, viz., that of the great benefits which they have derived from it.

COTO BARK IN THE DIARRHŒA OF PHTHISIS.

Dr. J. Burney Yeo has found coto bark of great efficacy in the graver forms of the diarrhœa of phthisis (*Practitioner*, October, 1879.) He says—

I have given it in many cases of apparently uncontrollable diarrhœa, that is to say, cases of diarrhœa which were not controlled by the ordinary remedies, such, for example, as opium, bismuth, tannin, ipecacuanha, etc., and I have found it almost invariably have the effect of arresting the intestinal flux, and of relieving intestinal pain and irritation in a very short time. I say "almost" invariably, for when I first gave it I found no such good result, and on inquiry I found that one of my colleagues had employed it also without effect. This led me to consider the mode of its administration. I found my colleague had given it mixed with other substances and made into pills, and I had given it, in the first cases in which I tried it, blended with the *mistura cretæ* of the *Pharmacopœia*. It is deserving of notice, that when given in both these forms it appears inert; and one might have been induced to hastily discard it as a drug without remedial value. This is probably the fate of many valuable medicines which appear to fail; not from want of virtue in themselves, but from want of patience and attention in their mode of administration.

Finding that the fluid extract contained a resinous element, which was precipitated in tough masses when the extract was carelessly mixed with water, I had the following mixture carefully prepared:—

R. Fluid extract coto, ℥℥.
Comp. tinct. cardamoms, ℥℥.

Mix these together and triturate them slowly with mucilage of acacia, 3 iij, and simple syrup, 3 ij. Finally add water to 3 vj.

A tablespoonful of this mixture is a dose. In this form it is an opaque mixture, with a not unpleasantly warm and aromatic taste. I have usually found two or three doses of this mixture arrest or check the severest forms of phthisical diarrhœa.

The bark is imported from Bolivia, in South America, and the preparation I have used is the fluid extract. The dose is from 5 to 8 minims. An alkaloid *cotoïn* has been prepared from the

bark, and is reported to have the same valuable properties as the extract of the bark itself, but of that I have no personal knowledge.

TREATMENT OF ENTERIC FEVER.

In Vol. IX, St. Thomas's Hospital Reports, just issued, we find the following *résumé* of the treatment of seventy-one cases of enteric fever, in which the death-rate was 11.1 per cent.:

On examining the bed-tickets of the seventy-one patients it is found that in by far the great majority of cases the treatment adopted has been expectant. As a rule the following course has been adopted. The patient has been bathed (washed) on admission, and then kept perfectly quiet in bed till about the tenth day after the temperature has sunk to normal. For the most part the diet has consisted of milk, beef tea, occasional eggs, with alcoholic stimulants when indicated by the constitutional state. The medicines ordered were either salines, effervescing or otherwise, or the mineral acids. Thus, it may be stated, that in no case has any treatment been adopted which would have for its object the arrest of the fever,—in other words, no methods of relief were prescribed as specifics; for, although salicylate of soda and quinia were given in one or two cases, they were used for the control of hyperpyrexia; and in the same category must be placed the graduated bath. The medicines most frequently ordered have been the dilute hydrochloric acid, effervescent citrate of potass, and preparations of ammonia.

In order to reduce hyperpyrexia, the graduated bath was administered in ten cases. This subject is treated in a separate paper by Dr. Ord, in which he says:

To sum up the general results of observation and reflection, the following propositions may be laid down: that the graduated bath, reduced, during a period of from twenty minutes to thirty minutes, from between 90 and 100 to between 70 and 60° Fahr., is a powerful agent in the reduction of febrile temperatures; that in enteric fever it is most efficient and most safely applied early in the disease; that it is not contra-indicated by intestinal, cerebral or pulmonary complications, but, on the contrary, distinctly tends to check them; that it is contra-indicated by excessive feebleness or rapidity of the pulse, or by great exhaustion; that it is desirable in many cases of intense fever to use the bath more than once; in fact, to repeat it so long as the fever is unchecked, but not to repeat it at shorter intervals than twelve hours, an apparent revival of the temperature often subsiding after such a period. And I am of opinion that the systematic use of this kind of bath as early as the seventh or eighth day of fever is likely to contribute importantly to the reduc-

tion of the mortality from enteric fever in hospitals.

As regards the treatment of diarrhea, no astringent or other remedies were prescribed so long as the purging was not severe; but any case in which there were passed three or more loose motions per diem was treated with special remedies.

In the treatment of urgent diarrhea sulphuric acid was frequently prescribed, often in conjunction with opium, or opium and its preparations were given by themselves. In children vegetable astringents were used, such as catechu, hematoxylin, etc. When the purging became severe, and a remedy was required which should act in a short space of time, enemata with opium, or morphia suppositories (gr. $\frac{1}{2}$) were used. Occasionally the tincture of assafetida was added to an enema if there was much distention of large intestine. Hemorrhage was mostly treated with ice-bag to the abdomen, and either morphia or opium by some of the physicians, or spirit of turpentine by others. This last remedy, by results, would appear to have been most efficacious. Ergot was given in three cases. The guide to the seat of application of the ice-bag has been the situation of pain and tenderness. The ice-bag was not invariably ordered when hemorrhage was suspected or showed itself, and when it was applied some astringent was also administered.

In perforation or peritonitis opium was mainly trusted to, and was given in large and continued doses. In one case it had a markedly beneficial effect upon hiccups which was causing great distress. Vomiting, if it became severe, was met by ice, effervescing salines, the subnitrate of bismuth, hydrocyanic acid, and rarely liq. strychnia. In one case the vomiting was arrested by an addition to diet.

Delirium and sleeplessness were treated with chloral in four cases. Opium was the general remedy, and occasionally bromide of potassium was prescribed, either by itself in large doses (gr. xx), or in combination with other drugs. Further, although the prime reason for ordering a graduated bath was the high temperature, the bath was nevertheless a very successful remedy in controlling delirium.

Constipation was combated in the great majority of cases by enemata, either simple ones of gruel, or with castor oil thrown in. The rule has been to give one every second or third day if the bowels were very obstinate, but not so frequently if no discomfort. Laxatives were rarely given, and only towards the end of the fever. They consisted of castor oil in drachm or two drachm doses, or of preparations of senna.

Quinia was given in three cases in large doses with a view to the reduction of temperature, but only with slight temporary benefit. To two of the above patients salicylate of soda

was given after the quinia had partly failed. Finally, in a fair minority of patients, no medicine was prescribed at all, the only remedy on the bed-ticket being an occasional simple enema.

As regards alcohol, the diet columns show that twenty-six, or over one-third, patients received no alcoholic stimulant whatever, or some only during convalescence. Of the remaining forty patients, thirty-three were ordered stimulants during their first week's residence, and seven only during the second week—in other words, when the fever was most severe. The quantity varied from one glass of wine to eight ounces per diem, and in one case to eight ounces of brandy.

THE TREATMENT OF TYPHOID FEVER IN THE PHILADELPHIA HOSPITALS.

(Prepared for THE N. Y. MEDICAL RECORD.)

THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

The remedies which have been found at the University Hospital to exert the most powerful influence upon the follicular intestinal catarrh, always present in this disease, are first and foremost the nitrate of silver, and next the subnitrate of bismuth and carbolic acid. There would seem to be abundant evidence that nitrate of silver reduces the size of the enlarged follicles, relieves the inflammatory engorgement, and allays the hyperæsthesia of the nerves. It has also been settled by numerous experiments that the nitrate of silver is the most easily administered of the three astringents above mentioned, and the best tolerated by the system. If there is any putrid element in the disease, carbolic acid is employed instead of the nitrate of silver. The nitrate of silver is administered in doses of one-fourth of a grain four times a day. This treatment is persevered in until the ulcers have entirely healed.

If the discharge from the bowels is composed of small, semi-solid stools, it is, with propriety, disregarded; but if the stools are watery and large, opium is administered in pill-form, combined with the nitrate of silver. From one-quarter to one grain of the powdered opium is given three times a day. If there is constipation instead of diarrhoea, belladonna is given conjointly with the nitrate of silver.

Great care is had with regard to the diet when the catarrhal inflammation of the intestines is present. The food employed is, of course, as digestible as possible. Milk has been found to be the best diet in this disease. If the curd appears in the stools, the milk is diluted with water, or lime-water. Of this mixture of milk and lime-water three ounces are given every two hours, or a little over two pints in the course of the twenty-four hours. When the

bowels are torpid, beef or mutton broth is given alternately with the milk.

The beef-tea employed is prepared after the following recipe: Take a quantity of tender meat, and, after cutting off the fat, chop it up fine, put it in a bowl, pour a pint of water over it, and let it stand over night. The water should be kept just on a simmer—the temperature never being allowed to go above 140° , otherwise all the albumen is coagulated, and so either left on the sieve in straining, or introduced into the stomach in the form of curds. After this simmering solution has been allowed to stand over night, pour it into a pipkin, and heat it again gently with enough salt to give it flavor, and, if necessary, add a drop or two of muriatic acid. Then pour it out over a hair-sieve into a jar. The resulting solution will be found to contain all the nutriment possible, and to be the most valuable kind of stimulant and laxative.

When the fever is high, the patient is given all the food he can take. Care is had, however, that, in allowing food, the already inflamed intestinal tract is not further irritated.

The poison in the blood is controlled by means of quinia, and nitro-muriatic or salicylic acid. As a general thing, salicylic acid is only employed where there is some putrid discharge joined with high fever. Quinia is considered (1) to neutralize the effects of the septic poison in the blood, (2) to act as a good tonic to the muscular and nervous systems, (3) to tend to check febrile action, and (4) to remove any malarial element that happens to be present. Quinia is never given in the enormous doses advised by the German physicians. It has been found that such doses will break down high fever, but they produce entirely unnecessary irritation of the gastric mucous membrane. About twelve grains of quinia are given in the course of the twenty-four hours.

The temperature is kept down by preventive measures rather than by the cold bath, which is regarded as a last resort. It is unnecessary after this to say that the practice of the University Hospital is wholly opposed to the indiscriminate cold bathing in typhoid fever, so much in vogue in Germany within a year past.

When the temperature runs up in spite of drugs,—in the milder cases, spongings of the whole body are practised every two hours, the sponges being squeezed out of a mixture of water and bay rum at a temperature of from 60° to 80° . If this does not succeed (it rarely fails), and if the patient's temperature mounts up to 104° or 105° , he is then wrapped up in sheets wrung out of cold water. If the temperature still runs up to such an extent that life is threatened, the patient is placed in a cool bath until the bodily temperature is sufficiently reduced.

Before the local lesions appear, the fever can be more boldly attacked; but when, in sub-

sequent stages, it runs high, it is regarded as partaking of the nature of a sympathetic fever, largely dependent upon the amount of intestinal lesion, and the use of baths at this period is thought to be attended with great risk. If the cold bath is used at all (except as a last resort, and when temperature cannot be reduced in any other way), it is employed during the first ten days in cases where the temperature rises above 103° and cannot be controlled by frequent spongings, large doses of quinia, diaphoretics, etc.

With regard to the use of stimulants, the hospital practice is not in favor of administering them simply because a patient has the fever. It is believed that stimulants are only demanded for the relief of certain symptoms. As a general thing, they are not given to children before the age of puberty. They are only administered to old persons, and to meet certain indications, viz., (1) ataxic nervous disturbances, such as sleeplessness, twittings of the muscles, maniacal delirium; (2) circulatory disturbances, such as feeble and rapid pulse, and feeble development of the first sound of the heart; (3) profound asthenia, as shown by great tremulousness, inability to make any movement, and tendency to slide down off the pillow; (4) dry and brown tongue, with sordes on lips, teeth, and tongue.

The milder forms of stimulus are always used at first. The one most frequently employed is wine-why. This is made in the proportion of one part of sherry to three of milk, and as much as a gill or half a pint of it is given in the course of three hours. If the symptoms increase, stronger stimulants are used, such as whiskey. Whiskey is usually given in lime-water and milk; the lime-water prevents the coagulation of the milk by the alcohol. These ingredients are mixed in the proportion of one tablespoonful each of whiskey and lime-water to every three ounces of milk. In this form half an ounce of whiskey is given every hour. If the stimulation is doing good, a diminution of the serious symptoms is noted. If the symptoms increase, on the other hand, the amount of stimulus is reduced.

With regard to complications: relapses are always regarded as true second attacks of the disease, and are treated accordingly. The treatment is resumed, the diet restricted, and the same general watchfulness had over the state of the case as during the course of the first attack.

Hemorrhage occurring early in the attack is considered as of little consequence, but when it supervenes later—when the sloughs are thrown off—it is regarded as a very serious matter. The treatment of hemorrhage is by absolute rest in bed for twenty-four hours, and by the administration of opium, to produce complete quiet for the alimentary canal. The opium is given by the rectum, one grain of the

solid opium being prescribed every two or three hours until the patient is gently under its influence; of astringents, for local action, acetate of lead is preferred. A suppository containing one grain of opium and three grains of the acetate of lead is given three or four times daily. Ergot, by reason of its action upon the walls of the arterioles, is also very highly prized. It is given hypodermically near the supposed seat of the hemorrhage. The food allowed is very small in quantity, and absolutely liquid.

Peritonitis is treated by antiphlogistics, sedatives, perfect rest in bed, and a diet which leaves no residuum to irritate the bowels.

True perforation is regarded as beyond the reach of medical skill to mend.

THE GERMAN HOSPITAL.

The quinine treatment (heroic doses) has been given a fair trial in the wards, and has been found to do but very little, if any, good. It has not even been satisfactorily demonstrated that it reduces the temperature, as the same changes in temperature have taken place in the case of those who have been taking the mineral acids alone. Indeed, after giving quinia some time in some cases it was stopped, and the same changes were found to exist. Quinia has seemed rather to increase the diarrhoea and headache, and in two cases it produced entire deafness for two weeks. Sponging with vinegar and water has been found to act beneficially. Plenty of ice is given the patient to suck, and the ice-cap is applied to the head. The wet pack has been found to lower the temperature for the time being, but in an hour or more it generally mounts up again. To this is added the consideration that it has the disadvantage of necessitating the constant moving of the patient, wearing and weakening the constitution, thereby destroying his or her main support against the disease.

Oil of turpentine, as recommended formerly by Dr. George B. Wood, has been proven to act most beneficially. Especially has it been found useful in those cases where the dry, dark, and heavily coated tongue exists, with abdominal symptoms. It is given in twenty-drop doses in mucilage, every hour or two, and is continued in smaller doses during convalescence. In a large number of cases in which dry, dark tongue existed with tympanites, turpentine acted most beneficially, the tongue regaining its normal color and becoming moist in from six to eight days, and the tympanites disappearing in a much shorter time.

The mineral acids are of great service in keeping the stomach in good order, stimulating the appetite and relieving the intense thirst. In many cases the patients call for their dose of the acid hours before the time, so much are they pleased with its taste and effects. The acid commonly used is the dilute nitromuriatic acid.

Whenever active, wild delirium exists, from one-third to one-half of a grain of morphia is given hypodermically. This medication has been found to act promptly in almost every instance. In one case particularly, the patient towards evening showing signs of approaching delirium, a large dose of morphia was immediately given hypodermically, which had the effect of rendering the patient perfectly rational when he awoke. Upon another occasion, when this same patient again showed signs of approaching delirium, the morphia was omitted, upon which a wild attack of delirium came on, which was at once broken up by the use of a moderate dose of morphia hypodermically.

THE EPISCOPAL HOSPITAL,

The temperature is reduced and the heart strengthened by fifteen-drop doses of the tincture of digitalis and two grains of quinia, every three hours. Stimulants are only employed in the severer cases. Excessive diarrhoea is controlled by injections containing fifteen drops of laudanum and half a fluid ounce of starch. Dilute muriatic acid is given in fifteen drop doses every three hours, and in the second week of the disease five drops of turpentine are administered every three hours. Hemorrhage from the bowels is controlled by the internal use of ergot, and the local application of ice to the abdomen. A number of cases have been treated of late with one-fourth grain doses of the nitrate of silver in the second week of the disease, this dose being repeated every three hours with entirely negative results.

THE PENNSYLVANIA HOSPITAL.

Ten grains of quinia are given daily, and ten drops of muriatic acid every three hours. The patient is sponged all over with cold water, in mornings and evenings. Diarrhoea is controlled by opiates and astringents. This is the routine treatment. The diet is very carefully regulated, consisting principally of beef-tea and milk. When the first sound of the heart is altered (weakened) early in the course of the disease, it is regarded as an indication that the patient should immediately be put upon the use of stimulants; or, if he is already taking whiskey, that the daily amount should be doubled.—*New York Medical Record*, Nov., 1879.

THE TREATMENT OF HEMORRHOIDS.

Dr. F. P. Atkinson, says in the *Practitioner*, August, 1879:—A good deal has of late been written with respect to the operative treatment of hemorrhoids, and I think in this way attention has perhaps been diverted from the use of topical applications. Of course local treatment by itself is of little use, inasmuch as while the cause remains any benefit that may be obtained can only be partial and temporary. As far as

I can see, hemorrhoids are to be divided into three classes, viz., acute, subacute, and chronic, according to the symptoms and time that they have existed, and the treatment has to be adapted to the stage in which they are presented to our notice.

In the acute stage they are inflamed, of a dark red appearance, and give rise to a throbbing, burning pain, or like that which would be produced by the application of a red-hot coal. Mr. Biddle, a fellow-practitioner, tells me that in this stage the effect of calomel-dusting is something wonderful, and that relief is more quickly gained from this than anything with which he is acquainted. He considers that it acts in a two-fold manner, viz., upon the liver, and at the same time as a local sedative. Sponging also with hot water gives a good deal of ease.

If this treatment prove inefficient, and the pain be very excessive, leeches may be applied to the anus, or an incision made into the centre of the swelling and the contents squeezed out.

In the subacute stage the feeling complained of is more that of weight and tension, though on going to stool the pain is often very acute.

To relieve the existing condition, the compound gall ointment or a solution of acetate of lead and opium should be freely and frequently applied, and an enema of cold water used after each action of the bowels.

In the chronic stage the best application is the common pitch ointment. For this useful piece of knowledge I am indebted to a Mr. Corbett, and he, it appears, got the hint from an old nurse by seeing her apply some tarred rope. Its astringent effect is something remarkable, and I know of nothing which acts so quickly and effectually.

The general treatment has to be directed towards altering the particular mode of living which has brought about the abnormal condition. Hence all luxurious and sedentary habits, hard riding, venereal excesses, the use of aloetic purgatives, should be forbidden; whilst the object of the medicinal treatment should be to keep the bowels freely relieved and lessen as much as possible portal congestion. Dr. Young, of Florence, wrote a paper in the *Practitioner* of January, 1878, upon the use of glycerine internally in these cases, but I do not think it has any specific action upon the hemorrhoids themselves; the improvement which he says takes place is, I fancy, in all probability, simply due to an increased action of the bowels which it produces. Confection of senna is a particularly useful, and by no means unpleasant, aperient in these cases. I would, however, rather suggest the use of a euonymin pill occasionally at night with a dose of effervescent Carlsbad salts in the morning, as these have a direct effect upon the portal circulation. In conclusion, I would remark that I cannot speak too strongly with regard to the effects of the pitch ointment, for I

feel certain that the necessity for operative measures may often be prevented by its timely use, and I would recommend every one to give it a trial where the compound gall ointment is ineffectual.

PRURITUS ANI.

In reply to the query of M. D., in the *British Medical Journal*, the following answers were received:

M. D. Cantab.: 1. Ablution with tepid water to be substituted for the use of paper after defecation; 2. A suppository of a quarter to half a grain of extract of belladonna to be used every night; 3. The bowels to be regulated with a mild laxative, such as the acid tartrate of potash, with confection of senna; 4. A mixture containing small doses of quinine with arsenic two or three times a day.

Mr. W. Frowse has found two remedies of the greatest use in the immediate relief and ultimate cure of this affection of the skin. The glycerinum acidi carbolici (P. B.) should be carefully applied at bedtime every night; and an ointment made of one dram of calomel, half dram of camphor, and six and a half drams of vaseline every morning. Stimulants and tobacco-smoke are contra-indicated.

A Member says the best local application is a mixture of one dram carbolic acid in one or one and a half ounces olive oil, applied with the finger at bedtime, being careful to have the rectum empty, the laden condition of which seems to aggravate the annoyance. In pruritus pudendi, nitrate of silver (five grains to the ounce of distilled water) is a specific, applied with a sponge instead of giving way to rubbing, which only increases the local misery. The lithic-acid diathesis seems to be the cause in both cases, and attention should be directed by alkalies, etc., to correct this.

Mr. P. Miall strongly recommends the glycerine of tannic acid, or the lotion made by precipitating compound tincture of benzoin with its bulk of water. But the best application is strong mercurial ointment applied somewhat sparingly at bedtime. One application is enough for a time at least. In some cases he has found the following answer better: \mathcal{R} Unguenti hydrargyri fortioris, 3j; chloroform, 3j; adipis benzoati, 3ij; acidi carbolici, gr. xv. This must be used every night, and causes a burning said to be rather pleasant. Oleate of mercury (twenty per cent.) may be used instead of blue ointment. For constitutional treatment, he advises hot-air baths, mineral acids after meals, abstinence from pastry, sweets, and other unwholesome diet.

Dr. Oliver suggests the following lotion: Scheele's hydrocyanic acid, \mathfrak{m} xxx; solution of morphia, 3j; best birdseye tobacco, \mathfrak{z} j; water to half a pint. "To be used night and morning, or when necessary."

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ALEX. H. KOLLMYER, M.A., M.D.

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MONTREAL, JANUARY, 1880.

BOARD OF HEALTH.

At a late meeting of the Medico-Chirurgical Society, a paper was read by Dr. Larocque, medical health officer of Montreal, on the subject of Hygiene and the Board of Health, his purpose being to enlist the interest and support of the profession in carrying out preventative measures against the spread of disease. Being worthy to receive every support in this matter, we trust that his efforts to improve the public health will receive that attention from our authorities which its importance demands.

Having imposed upon himself the onerous task of educating the general public in sanitary matters, it is to be hoped that, as the recompense is inadequate, success may follow his teaching.

Incidentally during the discussion that followed there was pointed out the urgent necessity for the formation of a central Board appointed by Government for the whole Dominion.

It might be supposed that one of the chief aims of legislation, especially in a new country like ours, would be the conservation of the health and preservation of the lives of the people, for the possession of health and increase of inhabitants must be regarded as the equivalent of capital. To the political economist this subject should be of the greatest practical moment, because the presence of preventable diseases inflict incalculable injury upon a community both physical and pecuniary which is a direct loss in a commercial point of view on account of loss of time, expenditure through sickness, and the too often removal of useful

lives. Such results must amount to the loss of thousands of dollars annually. As a rule, party politics too often outweigh the good of the country, and therefore the formation of such a Board can only be accomplished by persistent efforts on the part of those who are sufficiently enlightened to see its importance. In the presence of great epidemics, attention is forcibly drawn to the necessity of Government interference, so that means may be taken to arrest the progress of disease throughout a large extent of country, and as soon as this is effected all sanitary measures cease. The necessity of adopting sanitary precautions at all times, even when there is no apparent cause for anxiety, appears to be above the ordinary legislator, and even those they represent are unwilling to sacrifice present interest or convenience for a possible future benefit. An epidemic arrested in its progress by special means obtains for that means deserved credit, but should such means be continually carried out due appreciation of them is not met with, no matter how successful they may be. Because this necessity does not become apparent, and as disease does not run prevalent, the precautions themselves may appear to be unnecessary or excessive.

As an illustration of the ravages inflicted by a preventable disease, take the death rate of Montreal for last November. The report of this month bring before us, sixty deaths, or about one-fourth of the whole were from small-pox. As we have not at hand the average death rate from this disease for the year, a correct estimate of its extent cannot be given, but as the report also states that in the previous November there were 90 deaths from this disease, it may be inferred that the ratio of one-fourth is not exceptional. Indeed it is an incontestable fact that for years our ratio of mortality has been kept exceedingly high by this disease alone, and it has now become so thoroughly endemic that we may expect this rate to continue for some years to come. What an immense loss financially must the community have suffered if the estimated value of each human life is taken as a standard.

If any disease is preventable, surely this is, and it certainly indicates a vast amount of ignorance on the part of our population when one-fourth of the death rate is attributable to this cause solely. In spite of local efforts at

vaccination and re-vaccination it continues unabated, and if it were but for this alone the necessity for Government investigation and interference is urgently required. Every citizen is entitled to protection as regards his liberty and property, so long as he does not infringe upon the rights and privileges of others, and just in the same respect is he entitled to protection in regard to his life and health. Attempts to enforce sanitary measures are usually regarded by the mass as attempts upon their individual liberty, and unfortunately their representatives are in many cases not much better informed. The removal and isolation of all cases of contagious diseases, more especially the one alluded to, would be resisted as an invasion of private rights; the prohibition of trades, such as soap factories, which poison the atmosphere of a neighborhood by their noxious gases, for like reason is not attempted, but the law prohibits the storage of explosive materials in any quantity because there might result destruction of property.

In either case life is endangered, but the sudden loss of life, should an explosion occur, alone seems to be considered. The very subtlety by which lives are lost through disease or poisoned air tends to develop thoughtlessness of the danger because of frequency of such deaths and the intangibility of the cause.

The miner who uses an open lamp in the presence of the fire damp, does so because his very familiarity with the danger breeds indifference, and so the presence of disease may come to be looked upon as a matter of course. Still it must not be forgotten that the presence of such a disease as small-pox causes a far greater mortality than would ever occur from explosions, even if explosive materials were to be allowed to be stored in bulk without restriction. It is well known that during war more deaths take place in an army from disease than from actual fighting, and yet it is the bullet that is feared. Until it is generally recognized that the true principle of liberty consists in protecting the health of the majority as against the individual, and that no man has the right to retain on his premises any source of danger to the lives of those surrounding him, so long will disease continue to be rife.

Had this principle been carried out in Mon-

treal fourteen years ago, what an immense outlay would have been subsequently saved, and a present deserved reproach never thought of, for the total number of cases of small-pox to the present time would have been insignificant alongside of the present record. Our authorities, however, were not alive to the necessity of isolation, and the city now reaps the fruits of their ignorance. Experience does not seem to have improved their intelligence as yet, or else there would not still be reported the fact that clothing is manufactured in homes with cases of small-pox actually in the work rooms, or that so many dwellings have become permanent sources of contagion, so that with each yearly change of family fresh cases are yearly occurring. It is not yet too late to try effective measures, indeed they must be taken if ever we expect to rid ourselves of this loathsome disease. Vaccination fails to reach those who most urgently require it, and so long as a single person remains unprotected, and those who are in constant communication with the disease allowed freely to mingle with the crowd, so long will the enemies of vaccination deride its usefulness.

Our annual death rate under proper sanitary precaution should be as low as 16 per 1000, but so long as the present system of inaction prevails it will remain at the exceedingly high ratio as now quoted compared with other and less favored localities. Local boards of health, while being better than none, should be under the control of a central system.

As generally constituted the members of such boards are appointed, not from any peculiar fitness for the task, but because circumstances have placed them in that position. The consequence is that from want of requisite knowledge each member is apt to form some pet theory of his own as to drainage, ventilation of sewers, causes of disease, and what should be done to prevent sickness. Possibly he thinks that he knows just what remedies are required in certain disorders, and can instruct those who are supposed to have made such matters a study. No account is usually taken of means that may have been found necessary or beneficial elsewhere, but the time is occupied in arguing out fresh schemes, which if tried at all are generally found wanting, thereby creating a doubt as to the possibilities of a board being

of any use whatever. When money is required for the furtherance of sanitation, it is found that such cannot be afforded, that furnished by our heavily taxed citizens having been expended on useless extravagance or the erection and adornment of such idiotic structures as the city hall. The extraordinary arrangement of our sewers in many places, where the larger pipe is above and the smallest at the outlet, as stated by a late writer, does not indicate much intelligence in the engineering department. Thus public funds are wasted or worse, for the very existence of such an arrangement tends to produce typhoid, diphtheria, cholera infantum and such kindred diseases which help to swell up the death rate. If an officer appears to be somewhat over-zealous in the discharge of his duty, he must be investigated and health measures for the time allowed a rest. We are not, however, without hopes that before many years have elapsed the best known measures will as far as practicable be adopted and carried out efficiently, and that then Montreal will occupy the position, as regards sanitation, which is her right from the healthy position she occupies.

The success of recent numbers of Scribner has been so marked, that the edition of the February number has been placed at 125,000. This number will contain the first part of Eugene Schuyler's illustrated life of Peter the Great, which is said to be graphic and interesting to an unusual degree; also Mrs. Burnett's new story, "Louisiana," which will present some strong contrasts of character; a rollicking paper on Bicycling, entitled, "A Wheel Around the Hub," and other features.

A paper on "The Disadvantage of City Boys," by Rev. Washington Gladden, of Springfield, Mass., is announced for an early number of St. Nicholas. The article is said to be based entirely on personal statistics gathered from a hundred prominent business men concerning their surroundings, habits of life, etc., during boyhood. The statements thus collected will, it is announced, exhibit a remarkable showing of the "Disadvantages of City Boys," and enforce strongly the author's hints toward a successful life. The paper, moreover, is addressed directly to the boys themselves.

REVIEWS.

Messrs. William Wood & Co., of New York, announce the publication of *A Practical Treatise on Nervous Exhaustion (Neurasthenia), its Symptoms, Nature, Sequences and Treatment*. By George M. Beard, A.M., M.D., of New York.

The book is now in press, and will be published in February of the present year. The treatise is one on which Dr. Beard has been specially engaged for a number of years, and it will be devoted mainly to his original observations and researches on this important and growing subject. It is designed to make the work at once condensed and practical, and to adapt it to meet the wants of the practitioner and inquirer in a department of the nervous system that up to the present time has received very little attention from scientific men.

Medical Chemistry, including the Outlines of Organic and Physiological Chemistry. By C. GILBERT WHEELER, Professor of Chemistry in the University of Chicago. William Wood & Co., New York, 1880.

A short time ago we noticed a condensed work by Prof. Wheeler, on organic chemistry, after Riche's *Manuel de Chimie*. The matter contained in that volume has been supplemented by about an equal amount of material treating of the various subjects usually comprised under the head of Animal Chemistry, and published with the above title. To the medical student the latter portion of the book is even more interesting and important than the first issue, because it necessarily assists him in the allied studies of physiology and pathology, while this can only to a much less degree be said of the first section, where only an occasional reference is made to the *Materia Medica*. The author is undoubtedly correct in making attempts only in the direction of generalization; for not only is it important that the student should have some recent and reliable information upon such subjects as the chemical constitution of the blood in health and disease, the chemistry of abnormal urine, the nature of urinary calculi and deposits, &c.; but the information so imparted should be given in as few words as possible. In this respect, especially, is the work a useful one, and likely to be of great value to students of medical chemistry. Lectures on

chemistry in many of our medical schools too frequently have but a classical or a sentimental value—a fact that has started the questions as to whether they are worth the time and study spent upon them, and whether it would not be advisable to have the whole subject included in the preliminary examination.

Prof. Wheeler's work forms a complete reply to these interrogations, for he plainly shows that a discussion of the numerous applications of chemistry to physiology, *Materia Medica*, physiology, pathology and hygiene is of the greatest practical importance, and might with profit take the place of the purely ornamental discourses that form the subject matter of most collegiate examinations. We should like to see treated, in a similar way, inorganic chemistry and chemical physics. In the meantime we prophesy a large demand for the Medical Chemistry.

ANNUAL REPORT OF "THE WOMEN'S HOSPITAL" OF MONTREAL.

FOR THE YEAR ENDING 31ST DECEMBER, 1879.

The number of cases receiving attendance in the Hospital is in both In-door and Out-door departments larger than during any previous year; and, in consequence, the insufficient accommodation—the inconvenience of which was deplored in the Report of the previous year—has this year proved exceedingly trying to those having the management of the Institution; especially has the demand for private wards been in excess of those available for that purpose. These difficulties have rendered it imperative on the part of the Managing Committee to procure a more commodious building for the future; and at present arrangements are all but completed for securing a very suitable place, containing ample room, and furnished with all modern conveniences in regard to heating, water, ventilation, &c.

The Ladies' Committee have contributed considerably to the success of the Hospital during the year, being the mediums frequently through which contributions and donations of useful articles have been received; they have also assisted by personal donations. The wards are visited by them weekly.

The committee acknowledge with sincere thanks the receipts of the annual grant of \$500

from the Provincial Government, and the contributions and donations from the friends of the Institution.

In the "*Lying-in Department*" there were admitted during the year.....112

Remaining in Hospital at last report.... 10

Number confined109

Remaining in Hospital..... 13

Religion. { Catholics.....62

{ Protestants.....60

Sex of children. { Male..... 46

{ Female..... 64

Presentation. { Breach..... 2

{ Foot..... 2

{ Vertex.....106

Position. { 1st.....105

{ 2nd..... 4

{ 3rd..... 1

Still-born..... 3

Twins..... 1

Premature birth..... 1

Placenta Prævia..... 1

Forceps used in 13

Mothers died 3 { Suicide..... 1

{ Syphilis..... 1

{ Hæmoptisis..... 1

OUT-DOOR DEPARTMENT.

Number of Consultations.....296

Religion. { Catholics.....160

{ Protestants.....136

DISEASES.

Ulcus Os Uteri 34

Chlorosis 11

Leucorrhœa..... 32

Enceinte..... 15

Amenorrhœa 18

Prolapsus Uteri..... 7

Retroflexio " 3

Hyperplasia " 9

Subinvolution Uteri..... 1

Anteflexio " 4

Endometritis..... 22

Anæmia..... 39

Ut. Fibroid..... 4

Gonorrhœa..... 8

Stricture Cervix Ut..... 1

Ovaritis..... 11

Syphilis..... 15

Menopause..... 5

Metritis..... 1

Menorrhagia 15

Artiversion Ut..... 2

Hysteria..... 13

Perlv Cellulitis....	1
Neuralgia.....	6
Cancer.....	3
Vaginitis.....	2
Gravel.....	3
Ascites.....	4
Abortion.....	1
Retroversion Ut.....	5
Metrorrhagia.....	1
Other Diseases.....	75

Respectfully submitted, 296
J. B. McCONNELL, M.D.,
Secretary.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, Dec. 12, 1879.

A regular meeting was held this evening, the President, Dr. R. P. Howard, in the chair.

There were present: Drs. R. P. Howard, Hy. Howard, Kennedy, John Reddy, H. L. Reddy, Kerry, Gurd, Ross, Molson, Wilkins, Osler, Imrie, Proudfoot, F. W. Campbell, Bessey, Roddick, Bell, Major, Blackader, Brodie, La-roque and Edwards.

Dr. Osler exhibited as pathological specimens: 1st, a case of tuberculo-pneumonic phthisis. The patient, a recently arrived emigrant, had come under Dr. F. W. Campbell's care, and was sent into the General Hospital with pneumonic symptoms, which proved fatal. The post-mortem revealed these facts: the right lung weighs 850 grains, is crepitant throughout, but in posterior part contains much blood and serum, and very little air. In anterior part of upper lobe are three or four groups of small grey nodules, no caseous masses. Left lung weighs 1,500 grains, the organ heavy and in great part airless, being crepitant only at the anterior border of the lobes. On section at the apex is a small cavity surrounded by small grey miliary tubercles in places closely set. In the anterior border and the back part of the lower lobe are many isolated firm caseous masses and scattered groups of small tubercles, some of which have fused together, and are in the process of conversion into caseous areas. The process had depended upon an acute eruption of small tubercles in the lungs. Each grey nodule had excited more or less irritation in the contiguous air vesicles, with proliferation of cells and exudation into them. In this way isolated tubercles fuse together, and groups of hem become agglomerated in the same manner,

so that extensive tracts may be involved and caseation finally ensue.

The second case exhibited was one of cirrhosis of the liver with enlargement.

The third, one of acute colitis.

The 4th, an aneurism of the anterior communicating branch of the circle of Willis. This patient had fallen while in a shop, and died immediately. On examination the anterior communicating artery was found very wide, and projecting from it between the anterior cerebrals was a small aneurismal pouch with a small slit-like opening on its under surface.

Dr. Wilkins then read a paper on "A Case of Spinal Apoplexy." Remarks on this case were made by Drs. Osler, Ross, Henry, Howard and the President. Dr. Reddy moved and Dr. Roddick seconded a vote of thanks to Dr. Wilkins for his paper.

The President brought forward the subject of registration in disease, giving the facts of the manner in which this had been to a certain degree carried out in Ontario through the earnest efforts of Mr. Monk of the Meteorological Department of the civic service, resident in Toronto. After a free discussion, Dr. Ross moved and Dr. Osler seconded the following motion:

That this Society having learned through the President of the scheme already initiated in Toronto for the weekly forwarding of reports of diseases in the practice of each medical man, strongly approves thereof, and all its members are hereby requested to co-operate in extending it to this Society.

The Committee appointed in the matter of a short-hand reporter for the Society reported that the employment of such assistance was precluded on account of the expense. They suggested to the Society the plan of each person taking part in the debate sending to the Secretary within three days of the time of meeting a statement of the part he may have taken in the debate. Discussion on this report was deferred till the next meeting.

The meeting then adjourned.

O. C. EDWARDS, M.D.,
Secretary.

MARRIED,

At St. Celestin, County of Nicolet, on the 7th January, by the Rev. Mr. P. A. Lebrun, Charles Edward D. Comeau, C.M., M.D., to Marie Elmina Henriette Houde, second daughter of Charles E. Houde, Esq., M.P.P. for the County of Nicolet.

THE CANADA MEDICAL RECORD.

VOL. VIII.

MONTREAL, FEBRUARY, 1880.

No. 5.

CONTENTS.

ORIGINAL COMMUNICATIONS.		PAGE	PAGE
The use of Chloride of Ammonium in Common Goitre, by A. D. Stevens, Dunham, Que., 113 — Case of Extra Uterine Fœtation, by James Kerr, M.D., M.A., London-derry, Nova Scotia	115	Tonsurans, 125 — Residence abroad in Lung Consolidation, 125 — Du- plicating Prescriptions, 126 — Bronchitis and its Treatment, 127 — How to Cure Fits of Sneezing, 130 — How not to Take a Cold, 130 — Antiseptic Treatment of Phthisis, 131 — Mrs. Hippocrates, 131 — In- version of the Body in Chloroform Asphyxia, 132 — Medical Use of Milk, 132 — Importance of Atten- tion to Slight Perineal Lacerations, 132 — Plans for Reducing Obesity, 133 — Pruritus Ani, 134 — Thera- peutics of Acute Rheumatism, 134	— Pleasant remedy for Toothache, 134
CORRESPONDENCE.	118—119		
PROGRESS OF MEDICAL SCIENCE			
Mercuric Bichloride in Dysentery and Diarrhœa, 119 — Ichthyosis Hys- trix, 121 — Treatment of Tinea-			
			EDITORIAL.
			Medical Officers in the Canadian Volunteers, 135 — Personal, 136 — Legal Liabilities of Hospitals and of Medical Men, 136 — Hydrate of Chloral, 136 — Lactopeptine, 138 Medico-Chirurgical Society of Mon- treal.....
			139
			Reviews.....
			137, 138
			Birth.....
			140

Original Communications.

THE USE OF CHLORIDE OF AMMONIUM IN COMMON GOITRE.

A paper read by A. D. STEVENS, M.D., Dunham, Que.,
before the District of Bedford Medical Society, January,
1880.

MR. PRESIDENT AND GENTLEMEN,—A few days ago, one of our most active young members gave me a call, and, in the course of our chat, urged me to write something for this meeting of the Association, however short it might be. Having nothing in mind at the time of any possible interest, I declined, but, upon reflection, came to the conclusion that I might say something upon common goitre, or simple hypertrophy of the thyroid gland, that would, at least, serve the purpose of killing time. And here let me observe, that I do not propose to discuss either the pathology, physiology, or etiology of this, or any other of the different diseases that the gland is liable to. I know nothing more of these than is to be found in any modern surgical work: It is simply of the treatment of the affection that I desire to speak. It is now some years since I became convinced that the common treatment of ordinary bronchocoele was not at all satisfactory. I refer to the use of iodine, iodide of potassium, and tonics internally, and tincture iodine, blisters, ointments of iodine and mercury and the like externally. I was led to this opinion from want of success in several cases, especially those of a couple of girls about eighteen or

twenty years of age, who had first discovered the deformity at about the period of puberty, and happened to come under treatment at the same time. The girls were both fairly healthy and of healthy parentage, and stood the treatment patiently and well for two or three months, but with the result of only a trifling diminution, if any, in the size of the enlargement. At the end of this time I thought it best to try some other resolvent, and the one I chose was chloride of ammonium. I cannot now tell you how it came about that I selected it, but I had not given it over a month, or six weeks before I noticed a decided impression for the better had been made, and, at the end of three months, had the satisfaction of seeing them both entirely relieved. I have seen one of the girls every few months since, and it has not returned; the other left the place shortly after, and I have never heard from her from that time to this. The dose given was about ten grains, simply dissolved in water, three times a day, with the exception of now and then adding a little "coloring" to the solution, such as the compound tincture of lavender, for the purpose of "inspiring confidence" that it was not always the same medicine they were taking. Nothing else was done or given either internally or externally during the entire term of treatment with the chloride of ammonium, and, I should also add, that these girls were not only relieved of an ugly deformity, but seemed to have grown more robust. Indeed, the constitutional effects seemed

to be more like what I have noticed in giving the syrup of the iodide of iron than any thing else. No directions whatever were given as to drinks, diet, exercise, change of air, or any other hygienic measure. Were these all the cases I have treated with my chloride, you might fancy that the iodine given in the first instance had something to do with the results, but that the previous treatment had nothing to do with it I am fully convinced. Just now I am finishing the cure of two more girls—one about fifteen years of age, and the other thirteen. They have been taking the chloride of ammonium about three months in ten grain doses thrice daily, and, so far as I can judge, there is now no trace of the enlargement left. I have seen them both within a week. Then, there are three more (making seven in all), two occurring in girls under twenty years of age, and one in a married woman aged fully forty and the mother of several children. In the case of the latter, the woman had suffered a good deal from disturbance of respiration and circulation, as it had attained an enormous size. The two latter girls were treated similarly, and with similar terminations (though not at the same time), and require no further remarks from me. But the married woman took the chloride two or three months in the usual dose, with the effect of having the growth reduced in size about one-fourth or one-third, and all the circulatory and respiratory symptoms relieved. At this time I discovered she was pregnant, and discontinued the treatment. Whether or not a longer term of treatment would have been completely satisfactory I cannot say, but, it is perhaps worth while to observe that my work was not as happy as in the cases of the girls. Again, if I had another patient suffering from long standing and excessive hypertrophy of the gland, I should try the medicine in larger doses—say fifteen or twenty grains three times a day, and continue it much longer, unless something occurred to prevent.

You may say, if you like, that my experience is too limited—that a half dozen cases is not sufficient to establish a fact, but, while I know that "two swallows do not make a summer," I might say it has been quite enough to convince me that the medicine has a decided preference for the thyroid gland, and possibly for some others. If you will try it in the first

incipient cases that come under your care, I have no doubt you will meet with success quite equal to my own. We are all practising under the same conditions as to climate, soil, water, &c. Bear it in mind, please, and, if convenient, report your results at some future meeting of this Association. The trial will, I promise you, have at least one merit, that of being not a very costly experiment. That I have not been able to show a longer list of cures is because I have not had the opportunity, I firmly believe. The affection is not so very common in this neighborhood, as you all know.

So far as I am concerned I do not feel like claiming an extraordinary amount of originality, but it is perhaps only fair to say that I have examined, or caused to be examined, six different modern works upon general surgery, and do not find the chloride of ammonium in any of them mentioned or recommended in the treatment of goitre. I should likewise say that I have not read of its being used in this difficulty in any medical journal or dispensatory, or, in fact, elsewhere. As I intimated before, I believed it possessed a certain but limited power in producing absorption, but had never prescribed it for any purpose whatever, until I gave it in the cases before alluded to. Again, some of you may think that my details are not as extensive as they ought to be, that the cases would have been more satisfactorily reported if I had taken and given notes, but I do not conceive that it would have thrown much more light upon the subject if I had done so. There is just one thing more that I would like to refer to, and it is this: It is thought by some of our writers, I infer, that the commencement of these tumors or growths is in some way connected with uterine derangement, probably from the fact that many of them make their appearance at or about the time of puberty, but in my cases there was no evidence of any treatment being specially required either for correcting disordered menstruation or uterine disease, or, in fact, any other derangement that I should have been liable to be consulted for. I shall be exceedingly glad to hear any remarks any of you may have to make, or answer any questions bearing upon the subject, keeping in mind always that whatever virtues the medicine possesses, so far as my experience goes, they are most discernible in incipient cases.

A CASE OF EXTRA UTERINE FETATION.

By JAMES KERR, M.D., M.A.,

LONDONDERRY, NOVA SCOTIA.

Presented to the Canada Medical Association at London, Ont.,
Sept. 1879.

On June 26th, 1877, I was consulted, by Mrs. W., for an attack of severe abdominal pain, coming on suddenly, of a colicky character, and referred to the hypogastrium and left iliac regions. The pain was very acute, and only relieved by repeated large doses of opium; but it returned on the 30th with less severity, while it was more decidedly referred to the left ilium, extending through the region of the left hip and down the thigh. At this time, the attack was accompanied by vomiting.

Examined externally, and per vaginam; there was nothing discovered to explain these symptoms.

On inquiring into her history, I found that she had always been healthy, was forty-one years of age, married; had had four children—the youngest, if alive, would have reached its eighth year. Labors had all been difficult, and required instrumental assistance; had miscarried about a year before the present attack, but, since, had menstruated regularly up to June 1st, when she “took cold,” as she said, and attributed her present illness to that cause: had always leucorrhœa since her first confinement. She was a small, bright-looking woman, now rather pale and exhausted from these repeated attacks, but looking otherwise healthy. There was no tenderness anywhere over the abdomen, and no discharge except the leucorrhœa from vagina; bowels habitually constipated, tongue clean and pulse quickened. During following month she had several similar attacks of this colicky pain, but less severe; and, during this month (July), she told me that her menses had returned, and were more copious than usual; the vomiting continuing as before.

It was in the early part of August that the patient suggested the fact that she was pregnant; and, on again examining her, I confirmed that opinion. I found the abdomen somewhat enlarged, the os soft and puffy, and the uterus itself considerably increased in volume. Her health became now much improved; she had no recurrence of the colicky or cramping pains, and her condition did not differ from that of ordinary pregnancy at this stage; we agreeing

that she was now about three months gone. Nothing unusual occurred during the three following months.

In December, a return of the pain brought her again under my observation. This pain I decided was caused by an attack of sub-acute peritonitis. The abdominal tumor had much increased; and I remarked, at this time, that it was more prominent than usual in pregnancy, and somewhat of an irregular outline; an enlargement on its surface being apparent towards its upper, and another towards its lower, extremity.

The upper enlargement felt hard, bony and very superficial, the lower soft and very tender on pressure; pressure here causing pain through the region of the hip and down the thigh, somewhat resembling the pains she first complained of; the body of the tumor gave distinct fluctuation. Fœtal movements were very distinct, and appeared unusually strong, but I failed to hear the sounds of the fœtal heart.

Examined per vaginam; I was surprised to find the os now small, hard, and out of character with this period of gestation. The tumor felt firm, and immovably fixed in the pelvis, and a round firm prominence was felt filling up the recto-vaginal space. After repeated and careful examinations, which were conducted with some difficulty owing to the tenderness of the parts, I came to the conclusion that this growth was independent of the uterus, and that the body which was felt against the rectum was that organ retroflexed.

I had a consultation with Dr. Page, of Truro, who saw her twice with me about this time, and to whom I expressed my conviction that we had to deal with a case of erratic gestation. Our efforts to pass the sound were unavailing, and we were equally unsuccessful with a probe. She was also seen by two other medical men, whose diagnosis I may say did not agree with mine.

I now kept her under continual observation. Her condition remained much the same, except increased tenderness up to the second week in February last, when, after an unusually violent series of fœtal movements, they suddenly ceased. This was about two weeks from her term. About term, she was seized with all the symptoms of labor, accompanied by a free discharge of blood and of clots from vagina; these symp-

toms continuing eight hours, and gradually passing off. During the following week, she was again subjected to a very careful examination; this time, the uterine probe passed an inch and a half through the os, but only after being bent sharply back towards the rectum and right side. While conducting this examination, a very free discharge of pus flowed away from the uterus; and at this time we noticed that the tumor had shrunk in size.

About this date, being in correspondence with Dr. T. Gaillard Thomas, I requested his advice, laying the case before him. He was of opinion that operative interference then was not indicated, but he advised that we should wait for further development.

On March 19th, she was seized with symptoms of peritonitis, followed by increased distension. The vomiting returned, and she complained of continual pain, described as of a "bursting" character. These symptoms continuing, and sedative remedies being ill borne and failing to give relief, I introduced into the abdomen a trocar, and drew off fourteen ounces of a brownish, thick fluid; this was followed by almost instantaneous relief, and her improvement was very marked for some time. The feeling of distension occurring again, I again drew off ten ounces of the same fluid—this time using the aspirator. From this time to the end of May, matters assumed a new unfavorable aspect. She had several attacks of sub-acute inflammation in the sac, and hectic symptoms gradually coming on, with inability to take food from the vomiting and distress which it occasioned, and the constipation, which had always been a troublesome complication, now almost amounting to obstruction; it was only by using a long rectal tube, and a very stimulating enemata, that we were able at all to obtain any alvine action.

On June 8th, there occurred, during an unusually violent effort at defecation, a sudden discharge of pus, blood, and shreds of apparently decomposed membrane from the rectum, which I took to be the result of a communication established between the sac and the bowel. This gave temporary relief for a few days, but the diminution in size that had resulted from this discharge became again augmented by an inflation of the tumor with gas, its whole surface becoming tympanitic.

This discharge continued freely for more than a week.

I next observed at this time about $1\frac{1}{2}$ in. above the umbilicus a circular elevation on the surface of the tumor, about the size of a 50c. piece, which, at the end of week from the time I first observed it, resulted in an opening communicating with sac, and discharging pus and very foetid gas.

This second opening, by allowing the gas to escape, was followed by a diminution in the tumor, and its irregular outline could be still more distinctly noticed. The body of the tumor got hard and firm, and the bony prominence before observed at its upper extremity I now thought I could define as the foetal head. The temporary amelioration of her suffering that had occurred after the communication between the sac and rectum had been established was soon replaced by symptoms of septicæmia, the patient becoming drowsy and occasionally delirious, unable to take food, and the bowels finally ceasing to act altogether, death closing the sad scene June 23rd, nearly a year from her first attack of pain.

Post-mortem ten hours after death:—

Opened cavity of abdomen by an incision commencing at the fistulous opening and carried down to the pubes.

Lying immediately underneath the skin apparently was found a large fully developed male child which easily turned out. The breach occupying the epigastrium and the head filling up the brim of the pelvis; following the cord from the umbilicus I found a mass of putrid and decomposed material attached to its outer end, which no doubt was the placenta, and which seemed attached to the iliac fossa and to the wall of the abdomen along the iliac cast. The abdominal wall was much attenuated, the muscles greatly shrunk, and nothing that could be defined as peritoneum could be seen on the under surface.

After the child was removed, a large apparently empty space, extending from beneath the ribs to the pelvic brim, was exposed. The brim of the pelvis seemed covered over with layers of decomposed lymph.

The organs were everywhere covered with masses of this decomposed and putrid lymph.

Intestines were not readily recognized until

the abdomen was cleansed from these decomposed shreds.

The uterus and appendages I found it impossible to demonstrate at all satisfactorily, but with one finger in the vagina and a hand in the pelvis I felt the uterus still in the recto-vaginal space, and the bladder occupying its usual position.

The opening into the rectum I did not succeed in finding, and, owing to the advanced state of putrescence in which the organs were, I had to abandon any further efforts to obtain a better demonstration. I have thought it thus desirable to go into detail in giving the symptoms of the above case.

I hope I have now placed before you the leading facts of this case, and those which may best assist us to deduce from it some practical conclusions.

We will find that this case illustrates many of the typical features of this accident. First, it has been frequently stated that, where impregnation occurs outside the uterus, a previous inaptitude for conception has been manifested; this has been remarked by Shroedder and prominently noticed by Parry, who has made the most valuable contribution to the literature of that subject that has been yet written.

Our patient had remained barren eight years succeeding a period of active generation. 2nd. Impregnation attended with attacks of violent cramping pain recurring at intervals, and lasting with less severity to the end of 2nd month.

4th. I found the uterus enlarged, and the os having the characters of pregnancy, although I never observed anything like the expulsion of a decidua, which we know is always formed in the uterus, whatever may be the location of the ovum.

One other symptom, which also is almost an invariable accompaniment of this accident was also absent, the discharge of blood from the vagina. A very free discharge did occur, but it was during the second into the third months.

There was nothing differing from ordinary pregnancy during the three following months, up to the 7th, when, after repeated examinations conducted by myself and with other medical assistance, I came to determine the real state of affairs.

I have also to record the fact, which is somewhat remarkable in this case, although the same

thing has been observed by Keller, that we failed to hear the foetal sounds.

Failing to pass the sound I think was due to the very sharp angle at which the uterus was retroflexed, and its deviation to the right side, and the hesitation that I felt in persevering with that instrument with as yet some doubts as to the correctness of my diagnosis.

An operation was considered by me justifiable, but at the time, one month after term, an attack of inflammation in the sac occurred, and from that time the condition of my patient became so decidedly unfavorable, and the presence up to her death of symptoms of subacute inflammatory action with hectic and profound exhaustion that, in the face of all the difficulties and dangers that presented themselves in contemplating the operation, I decided to give up hope of trying to relieve her of her foetal burden.

The time when, to my mind, the best chances offered for a successful operation was in the 7th month, when as yet no active inflammatory attack had contracted adhesions between the sac and wall of the surrounding viscera. When the presence of the liquid amnii left the foetal body free in the sac, and before the health of the patient had suffered by the exhaustive effects of repeated attacks of peritonitis and hectic,—then I believe had an operation been attempted it would have been with a reasonable hope of success, but at no subsequent time, except immediately after term, or from the 7th month up to term. Now the greatest authorities on this subject condemn operating until suppuration has occurred in the sac, but with this opinion I cannot agree.

The effort at delivery which nature apparently makes at the 9th month seems to increase enormously the mortality at that time. According to Parry one of every four women only lives whose pregnancy terminates at that time.

This operation to be undertaken with the object of adding the chance of saving the child to the equal chance of also saving the mother.

The increased mortality that occurs at the 9th month would thus be avoided, the dangers of adhesions to the viscera would be lessened and the health of the patient be in the best possible condition. I am fully aware that the operation as hitherto performed before term was not such as to offer much encouragement but, for my part, I cannot see why it should be so; and with the conditions just indicated, and the

improvements which have recently been made in the department of abdominal surgery, I think that we are justified, if operative interference is contemplated at all, to perform it then.

The mortality of all cases of extra-uterine pregnancy arriving at and going beyond term, which, for all practical purposes we may conclude are abdominal, as we have only one case of Tubal that has been recorded as reaching the end of gestation, thus includes those operated on amounts to 50 p.c.

Of those operated on the mortality is 43 p.c., and the morality of those left to nature 52 p.c.

Of those cases hitherto operated before term we find that the mortality was largely due to efforts to extract placenta, causing in most cases fatal hæmorrhage at the time or subsequent exhaustion; but now that we recognize the rule as established by the eminent authority in this operation to leave the placenta, I think we can with confidence anticipate better results than heretofore and avoid septicæmia by the use of disinfecting injections into the sac and other means as used by operators in the abdomen in other cases.

Correspondence.

To the Editor of the CANADA MEDICAL RECORD.

SIR,—Montreal is now in a position to afford considerable satisfaction to those who take no interest in, or cry down sanitary matters, as it has been and is now well blessed with epidemics. In the autumn we had typhoid fever of a very severe form, and now measles is enjoying an unlimited sway in all parts of the city. It is not confined to any one locality, but the disease has even extended to outside municipalities.

In addition to this, small-pox persistently defies the spasmodic efforts of our health office. If some of our city fathers would be as eager to investigate the different causes of the city's unhealthiness as they are the conduct of officials who attempt to perform their duties as well as they can, the citizens might then expect some good results from the health office. As it is now, it is an office of confusion with few servants and many masters. The citizens, themselves, are not free from blame. They are too indifferent, and, notwithstanding all the efforts of the city press and the medical periodicals,

this indifference amounts to total neglect of all health matters; in fact, a certain portion will fully help to carry the contagion of disease from one place to another. Recent events that have come to our knowledge force us to make this last assertion. Fancy a nurse or visitor coming out of a house where is small-pox and getting into a street car right at the front door; and yet this was done. Another instance, a young lady comes to a house in this city, on a visit for a few days, from a neighbouring convent. Some of the members of the house are ill with measles, still this young lady was not told to remain away. She remains for a few days and returns to her studies at the convent. There she falls ill with measles, and the result is an outbreak of the disease in a large educational establishment. Of course in this instance, it is not the fault of the authorities of the convent, but here we have an example of the most utter ignorance on the part of a highly respectable family, who make no effort to keep themselves isolated from friends. When we see the same among the educated, how can we blame the poor laborer who has no opportunities of knowing better.

The public have yet a great deal to learn, and it is disheartening to the profession to see its teaching bringing no result. Proprietors of houses are still satisfied with cheap plumbing, as they know full well the difference between good and bad plumbing can only be detected by the trained expert. Frequently this difference is only slight in appearance, but commonly great enough to bring death into a household. Jas. C. Bayles, in his work on "House Drainage," says truly, when he states, "as the plumbing work of our houses is commonly done, it would be better for most of us if we had to bring our water in buckets from a public hydrant, and carry our waste to the culvert at the nearest street corner."

The fault of this is, in a great many instances, with the proprietor, who is not willing to pay the price of good work. In nearly every instance where we found it necessary to have a house inspected, the fault was discovered to be defective work done by ignorant workmen, or on account of the low price.

The public must still have the lecture repeated over and over again, until they understand the plain incontestable fact, that good

work well performed in the building of a house is always cheap, and that money expended in taking measures to prevent disease is well invested, and that a double return comes from it, in the preservation of valuable lives. They must remember that a "fever nest" of any kind in any hidden corner of the city may dispatch invisible messengers of death to the aristocratic and most cleanly kept districts.

PERIGRINE.

Montreal, 18th February, 1880.

MONTREAL, January 24th, 1880.

Editor CANADA MEDICAL RECORD.

In continuance of my former correspondence, which gave my first case which referred to inspection of a country residence, I will now give a few cases from many in the city without comment, leaving your readers to form their own opinions. Visited lower tenement in yard of A. M., had 3 cases of diphtheria; 2 fatal, one convalescent at time of visit. Smell in house very bad; found sink pipes untrapped, wooden drain under floor, loose cover, soil swampy, house built on soil, filled tile drain, trapped sink wastes. Used disinfectants, but smell still continued, but in a less degree. On examining surroundings, found privy vault in yard full, and in close proximity to house; nature of soil allowed contents of vault to soak into ground under house. Reported facts to health department, who were powerless (as privy was without the distance from the house prescribed by law) except as to cleaning out of vault, which was done. What was left of the family moved away, leaving premises to be re-occupied by some one ignorant of the record of health against the same. House in B street, 3 cases typhoid, one fatal. Found drains open at joints, tiles broken, soil pipes leaky, no ventilation, no concrete under floors or other protection from damp; locality and surrounding dwellings healthy. House in C street, 2 cases typhoid. Complaint of smell, difficult to find cause; drainage and plumbing good, but no ventilation; found small cracks in soil and waste pipes. House in D street, 3 cases typhoid, 2 fatal. Plumbing old but of a good class, but no ventilation; found cracks in soil and waste pipes; drains defective and joints open; complaint of smell, which ceased on repairs being made, and

ventilation provided for; family been healthy since. E street, 2 lower tenements drained with same drain, drain filled with a trap. Complaint of one tenant of smell, other tenant no complaint of smell, and reported general health of family good, after a residence of four years, but complained that water appeared on floor during heavy rains. Found trap choked, drain evidently been inoperative for a long time, and the waste from four closets, four baths and four sinks had been making its way out of open joints of drain and broken pipes under floors where filth was a foot deep; removed forty-six barrels of filth. Although occupants of one of these tenements had been living over what was in every respect a privy, and that for a long time, yet they reported no cases of illness, but at time of visit a child was ill, reported to be suffering from cold. Appearance of inmates of this tenement was anything but healthy, other tenement had been only recently occupied.

Yours, &c.,

J. W. HUGHES,

Practical Sanitarian.

Progress of Medical Science.

MERCURIC BICHLORIDE IN DYSENTERY AND DIARRHOEA.

By BOARDMAN REED, M.D., Atlantic City, N. J.

During the last two years I have been testing the treatment of dysentery and dysenteric diarrhoea by the bichloride of mercury in somewhat minute doses, as recommended by Dr. Sydney Ringer. My experience with this treatment covers a large number of cases, including most of the varieties of intestinal flux ordinarily seen in this latitude. It has been found particularly valuable in those forms of chronic diarrhoea characterized by dysenteric symptoms, such as the presence of mucus or blood in the stools, with or without tenesmus.

In acute cases this remedy is slow in acting, and in my hands has proved much less successful,—at least until after a purge of castor oil and laudanum has removed the offending cause.

The following transcript from my case-book well illustrates the power of the bichloride in obstinate chronic dysentery:

Case I.—July 4, 1878. Consulted by J. J., aged 45: occupation, formerly a sailor; has lately done odd jobs when able to get about. Weight now about one hundred and twenty-four pounds; looks, thin, sallow, feeble, and

prematurely old. Gives the following history. In 1865, while in the army had an attack of dysentery, from which he recovered in five months. No venereal taint can be detected. Since 1874 he has suffered continually with dysentery. Has had numerous loose passages every day, with blood and slime; also constant pain in the bowels, and part of the time "a burning like fire" on defecation. Has fever some of the time, and is never free from pain. During these four years he has tried all sorts of treatment without success. Some of the various treatments increased his strength, but nothing produced any notable effect on the flux. He is now having eight or ten stools a day, and is unable to sleep at night on account of the pain. Prescribed for him hydrarg. chlor. corros., gr. $\frac{1}{2}$ dissolved in distilled water, f $\frac{3}{4}$ vj, and directed him to take a teaspoonful every two hours. For diet, directed him to drink freely of boiled milk, and to take with this stale bread or crackers, soups, and fresh beef or mutton, stewed, broiled or roasted.

July 8.—Returns to-day, at the end of four days, with his medicine all taken, though it should have lasted him nearly a week. Says he has taken it regularly every two hours, day and night; being unable to sleep, thought he might as well take it right along. Reports decided improvement, now having only four stools a day, which are more natural in character. No blood, but little slime, and very little pain. Continue bichloride.

July 13.—Comes back in high glee to-day. Says his stools are reduced to *one a day*, and that he has *no more pain*. Feels very much stronger and better every way. Has gone to work. For a long time before he has been unable to do anything. The bichloride continued.

July 20.—Thinks he was "bound up" a little at his last visit, but has since been having three natural yellow stools a day, "about as thick as mud." No slime in them, and only occasionally a slight show of blood, since a few days after beginning the medicine, until last night, when some blood reappeared. Had been eating ham yesterday morning, and oysters in the afternoon. (At this season oysters are a prolific source of diarrœa here, even in healthy persons.) Has had no more tenesmus at all. He has gained four pounds in weight, and since last here has been steadily at work.

July 26.—Reports himself still improving. ay before yesterday he walked ten miles. Over-exercise makes him worse. Has now about three stools a day, but of thicker consistence than before. Treatment continued.

August 2.—Been having four passages a day for the last four days. This increase probably due to leaving off his milk. Directed him to resume the milk, and go on with the bichloride as before. Has now gained five pounds since

beginning treatment. Ordered him also a mild tonic mixture of tincture of nux vomica and fluid extract of chiretta, to be taken in small doses before meals; and a solution of zinc sulphate, gr. ii to f $\frac{3}{4}$ i, as an injection per rectum twice a day.

August 10.—Still gaining. He now weighs one hundred and thirty pounds, a gain of six pounds. Looks quite plump in the face. Has two passages a day, of nearly natural color and consistence. His stools to-day were so hard as to bring away a few drops of blood. The injections relieved some little smarting in the rectum, which had been still troubling him. Feels no pain in his abdomen, except occasionally after unusual exertion. Continued the bichloride, and also the injection, as well as the bitter tonic.

From this time patient progressed steadily, and was discharged as well August 29. He had gained in weight eleven pounds.

He remained well till about the middle of November, when a severe cold brought on a return of the dysentery. He obtained a bottle of the bichloride again, and without any other medicine, or even a return to the use of milk, soon recovered. In the January following, a worse cold produced another attack, complicated with bronchitis. He was given hydrarg. bichlor. gr. $\frac{1}{100}$ every two hours, and an emulsion of cod-liver oil, with lacto-phosphate of lime. The cough got no better, and the diarrhœa was aggravated by the oil. Then stopped the latter, and let him continue the bichloride, with only some simple domestic cough syrup. The diarrhœa now soon yielded, and later the cough, his weight being restored to one hundred and thirty-five pounds.

This patient has since returned to his old occupation as sailor, and after living on salt pork, etc., during a long cruise, has two or three times had a return of the flux, but this has uniformly yielded promptly and completely to the bichloride in the same small doses; and so long as he remains at home, paying proper attention to diet (that is, avoiding articles notoriously hurtful to persons not possessed of strong digestive powers), he continued fairly well, though by no means robust.

Remarks.—At first, when the disease was deeply rooted and the patient's constitution seriously impaired, the remedy would scarcely have proved so rapidly curative, and perhaps might have failed altogether, if a favorable diet had not been insisted upon; but it will hardly be claimed that diet alone, without any medicine, could have accomplished equally brilliant results. The astringent enemata performed a good service in removing some remains of inflammation in the rectum. The corrosive sublimate seems to exert less influence over this part, though apparently manifesting a selective action upon the colon.

In most of my other cases the medicine did its work so quickly that the notes are necessarily short.

Case II.—February 24, 1879, A. H., clerk, aged 26, of slender frame, and evidently strumous diathesis, consulted me on account of a chronic diarrhœa of the lenteric type. He had a loose movement after each meal; was often "taken short," receiving very little warning. He had doctored much, having suffered from the disease most of the time for a year and a half. Had taken opiates and astringents in all forms without benefit, and had been for some time under the treatment of an intelligent homœopathic practitioner. I prescribed bitter tonics, and also hydrarg. chlor. corros. gr. $\frac{1}{15}$ every two hours. Patient reported a week later that he was much better and gaining in weight. After the first few days, finding it inconvenient to take the medicine so often, he had taken treble the dose, or about gr. $\frac{3}{5}$ before each meal, and apparently with equal improvement. A short time subsequently he reported himself entirely cured.

December 20.—Patient reported that he has continued free from diarrhœa.

Cases III. and IV.—These were both cases of non-febrile dysenteric diarrhœa in very delicate, feeble lying-in women. The patients had a tendency to chronic diarrhœa, one of them having been thus afflicted for over a year, following a previous confinement. Other treatment failing, I placed them upon the bichloride of mercury, in $\frac{1}{15}$ grain doses, with the effect of checking the flux in two days, improving at the same time their strength and appetite. In one of these cases the diarrhœa reappeared in a modified form immediately upon discontinuing the remedy, but stopped again upon its being resumed.

Remarks.—In case II. the good effect of the mercury was manifest, for the patient had previously taken tonics alone without any satisfactory results. His experience with an increased dose and longer intervals is suggestive. I have had no opportunity of trying the remedy further in cases of lenteria, though many more instances might be cited of its value in dysenteric diarrhœa. Its curative power in certain of the intestinal catarrhs of children especially has been frequently noted, but this paper is already too long, and further reports must be deferred. Nor is there space left for speculations as to the mode of action of corrosive sublimate in diarrhœa.

Briefly, it may be said that the bichloride of mercury in its action resembles somewhat the nitrate of silver, sulphate of copper, and various other metallic salts, which, in small doses, produce astringent and tonic effects, though in sufficiently large doses they may cause purging and prostration.

ICHTHYOSIS HYSTRIX.*

By J. B. McCONNELL, M.D., C.M.,

Attending Physician to the Montreal Dispensary, Women's Hospital, Protestant House of Industry and Refuge, etc., Professor of Botany, University of Bishop's College, Montreal.

Ichthyosis is one of the rarer morbid affections of the skin, and is defined by Neumann as "a disease characterized by an accumulation of epidermal matter, hypertrophy of the papillary layer, and thickening of the whole corium, with an alteration in the cutaneous glands." The depositions consist of epithelial scales mixed with sebaceous matter, and "may be either white and of the thinness of paper, or dark-colored grayish-green, brown, or black masses, or horny spines and shields several lines in length, firmly attached to the subjacent sides, and which, in the normal condition, cause the furrows and lines crossing the epidermis to be rendered evident in a very striking manner." The disease may be limited to certain portions of the skin, or more commonly occupies the greater part of the surface; it is usually developed soon after birth, although it may in exceptional cases first appear after maturity is reached. It can rarely be cured, but usually persists during the whole life of the patient. The glandular secretion is deficient, so that the skin is harsh and dry, said to be due either to congenital absence or defective formation of the sudoriferous glands or to their early atrophy. Two varieties of this disease are usually distinguished,—ichthyosis simplex and ichthyosis hystrix. The first term is applied when the epidermal masses are thin and furfuraceous like bran, or thick, like fish scales; the earlier conditions of this variety, where the skin is harsh and dry, with only slight exfoliation of the epidermis, is termed xeroderma. Ichthyosis hystrix is applied to the most exaggerated condition of this disease, where large, thick, dark-colored masses are formed several lines in thickness, and standing out from the skin sometimes like quills on the back of the porcupine, hence the name; there is also a considerable amount of papillary hypertrophy. These varieties may occur independent of each other or together; they vary with the age of the patient, becoming more marked as adult age is approached. The color of the scales varies with the period of the disease; at first pale, it gradually becomes tawny, dark olive-green, and at last black, and is owing to dust and dirt becoming incorporated with the scales, fat, and sebaceous matter, more than to any pigmentary discoloration of the skin proper.

In whatever form the ichthyosis occurs it attains a certain degree of development in each particular case, and then usually remains un-

* Read before the Médico-Chirurgical Society of Montreal, January 24, 1879.

altered throughout the patient's life. It is often hereditary, but not always, and, although not regarded as strictly congenital, the predisposition to the disease, which develops later, is born with the individual. It is sometimes acquired in later life, appearing as patches on the lower extremities, the result of chronic eczema and varicose ulcers; when hereditary, it often affects the same sex through several generations.

The following case had not reached its full development, although it presents a well-marked instance of the higher grade of the disease—*ichthyosis hystrix*—and is interesting on account of the unusual manner in which the disease is distributed over the surface, and from its occupying certain localities usually thought to possess immunity from its attack.

Charles Satry, aged seven years and eight months, first came under my notice in the month of November last. He was born in Chicago, but during the last four years has resided in Montreal. He is the fifth child of a family of nine, of whom three only are now living, all died at ages varying from two and a half months to two and a half years. The parents state that two died from some intestinal disorder, both having diarrhoea. From what I can make out, the disease was probably *tabes mesenterica*; two others had some affection of the head and died in convulsions, most likely tubercular meningitis; another died while teething; and the subject of the present paper died on the fifth of January of acute miliary tuberculosis. The parents are of French descent, both somewhat below medium height, and have enjoyed tolerably good health. The father states that several members of his family have died of consumption. The mother also states that she has lost a brother and sister, who were said to have died of consumption; she is at present herself occasionally affected with hæmoptysis. They do not know of any instance in either family in which a skin disease occurred similar to that seen in this child, nor have they observed it in any of their other children. The mother states that at birth he was the largest and fattest of all her children, and showed no trace of anything unusual on its skin until he was about five months old, when she noticed a rough scaly patch on the right side of the back of the neck, which she thought was prickly heat; the patch was of darker shade than the surrounding skin, and branched in different directions; at the end of a year it occupied more surface, and the scales were thicker and darker in color, especially in the centre of the patch. The skin now began to have the same appearance on the back, right side, and arm-pits, until at four years of age it existed on the thigh, groin, knee, ankle, and forearm of the right side; at this age it began to appear on the left side of the body, first on the chest and shoulder, and since then new patches have shown themselves, and existing

ones are gradually enlarging. On parts exposed to much friction from the clothing the dark masses were being continually knocked off, but would soon again re-form, and this process of shedding and being reproduced was frequently repeated. The child has, during the last four or five years, been in delicate health, always preferred remaining indoors, had a poor appetite, and bowels unusually constipated. He was a fat child until he was four years old, since then his health has been failing, and he has become wasted and pale. His skin was always dry; the mother states that she never knew any part of his body to show signs of sensible perspiration except his hands and feet, and the latter did so to an unusual degree, as she usually found his stockings quite damp on being removed. It was difficult also to keep his feet warm. He never complained of nor seemed to suffer from any irritation or other inconvenience owing to disease.

On examining his body minutely, the patches were found to occupy the following positions: The face was free from the disease, the skin being soft and clear, and there did not appear to be any abnormal deficiency or subcutaneous adipose tissue; this condition was, however, present in a marked degree in the other regions of the body. The posterior and right side of the neck was almost entirely covered; a large patch also occupied the front of the neck just over the thyroid cartilage. On the trunk a large patch is seen in the right axillary region, extending backwards over the scapula and posterior part of the shoulder; a long belt of the diseased tissue commences at the sternum near the fifth costal cartilage, passes outward along the intercostal space for a short distance, then descends obliquely to the seventh rib, where it turns upward and terminates at the lower end of the scapula. In the epigastric and lumbar regions a similar tract is seen. Commencing around the umbilicus, it passes obliquely upward to the lower margin of the ribs, and follows the direction of the ninth intercostal space towards the spine. The posterior extremities of these three patches on the trunk all coalesce a little to the right of the spine. One cannot fail to observe how closely the course of these tracts correspond with the distribution of the lateral cutaneous nerves.

Another deposit, remarkable on account of its narrowness, zigzag course, and the length and development of the hypertrophies, reminding one of a string of coral, begins at the linea alba, about midway between the umbilicus and pubis, passes to the inguinal region, crossing Poupart's ligament near its outer extremity, it then curves around below the anterior superior spine of the ilium, and passes backward towards the sacrum parallel with the crest of the former bone. On the left side a long narrow patch passes from the inguinal region over the crest of the ilium

a little posterior to its anterior spine, and coils around towards the posterior spine; a patch is also seen in the left axilla, and two long patches exist on this side similar to those on the right; they follow the same course, but those on the thorax occupy a position about an inch lower than the corresponding patches on the opposite side. Those on the left side are less marked than on the right, owing to their more recent formation. On the right arm thickly set patches exist over the posterior part of the shoulder and pass into the axilla. On the forearm a narrow strip begins at the space between the internal condyle of the humerus and olecranon process of the ulna, follows the internal surface of the latter to the wrist, when it turns on to the back of the hand and terminates about the centre of the metacarpal bone of the middle finger, where it is joined by a similar branch coming from the radial side of the forearm. These patches almost exactly correspond with the distribution of the posterior branch of the internal cutaneous and the dorsal cutaneous branch of the ulnar on the inner side, and on the outer with that of the posterior branch of the external cutaneous and internal branch of the radial nerve; and the point of junction of the patches is at the same spot where the communicating branch from the ulnar joins and forms an arch with the internal branch of the radial. The left arm is affected at the anterior part of the shoulder, the patch being continuous with that in the axilla.

On the right lower extremity, patches exist on the inner side of great toe; on the second phalanx of third toe, along the metatarsal bone of which it extends for about half an inch; on the anterior part of ankle a large patch, and on the inner side of foot several elongated lines. At the knee the whole anterior and inner aspect is involved; a line extends from lower third of thigh over the inner condyle, behind a long narrow strip extending from the gluteal region down the centre of the thigh to the popliteal space, best marked at either extremity. The strip follows very closely the distribution of the cutaneous branches of the small sciatic nerve, another patch, slightly developed, exists on the outer aspect of the thigh. Two fusiform patches, lying very close together, are seen in the right groin and upper third of the inner and anterior aspect of the thigh, and extending upward as a narrow prolongation over the lower part of the abdomen. The surface covered by them corresponds with that supplied by the ilio-inguinal and ilio-hypogastric nerves.

On the left lower extremity there is considerable thickening of the epidermis over the knee and instep. The scrotum also presents a large and well-developed patch on the anterior and lower surface of the right side.

(A sketch of this boy's body in different positions, pencilled and colored for me by Mr.

Raphael, shows beautifully the appearance and position of the disease.)

The character of these patches varies on different parts of the body. The whole surface was unusually dry, but no perceptible furfuraceous desquamation could be observed between the patches, except immediately around them. The patch on the left knee seemed to be just forming, and would correspond with the variety of the disease known as ichthyosis simplex, where there is only a moderate accumulation of epidermal matter. It is grayish in color, rough, and covered with thin scales, detached to a greater or less extent at their margins. The skin is thickened and mapped out into irregular-shaped eminences, separated by deep furrows, which correspond with the normal skin lines. On the right knee and front of ankle the epithelial collection is very dense, dark olive-green and blackish in color, and has the appearance of large warts, some of them here are nearly two lines in thickness and one-third of an inch in diameter. These large, dark incrustations are horny in texture, and of about the same consistence as a vaccine crust, and can be removed; when picked off, the papillæ beneath are seen to be enlarged, dry, and shrivelled.

The patches on the neck and trunk present a somewhat different aspect; here the accumulation is arranged as triangular, quadrangular, and polygonal projections two lines and over in length and much longer than broad, mostly blunt-pointed and fitting closely with each other like a number of little blocks standing on end, their sides being converted into smooth facets by movement and friction upon each other, all being closely compacted together, their extremities forming a tolerably even tessellated surface which is very dark in color. At the post-mortem examination a minute sketch of the patch of disease in the groin was secured, this being the only part of the body besides the scrotum in which the normal appearance of the affection had not been obliterated, owing to the profuse sweating which occurred during the child's illness. Although the sketch represents faithfully the appearance at this point, it only feebly illustrates the condition which the disease presented on other parts of the body when I first saw him. The following histological description is by Dr. Osler, who performed the post-mortem:

Small bits of the crust-like exudation, teased up in saline solution, show an unusual number of flattened scaly epithelial structures, together with dust-particles and oil-drops. Cut sections through the whole thickness of the skin gave the following particulars: the epidermis in the diseased spots is enormously thickened, composed of stratified layers of epithelium pursuing a wavy course, and often projecting as pointed processes, which usually correspond to hypertrophied papillæ of the corium. In the

deeper parts the cells are not so flattened, and the outlines of those next the rete mucosum can be distinctly seen. The pigmented cells of the rete mucosum are evident in most of the sections. The corium is not much thickened, but the papillæ are greatly hypertrophied, forming pointed projections, which give to the surface a serrated aspect. In places the papillæ are infiltrated with small cells, and into some dilated blood-vessels can be traced; when a hair follicle is cut, the inner root sheath is seen to be much developed, forming a thick laminated envelope about the hair. No sebaceous follicles are visible in the sections, but the sudoriparous glands are numerous in the subcutaneous tissue.

In the various chemical analyses of the concretions there has usually been found fatty matter in considerable quantity. Schlossberger has found crystals of cholesterine and hippuric acid; the ashes he found to contain chloride of sodium and potassium, and traces of gypsum and phosphates of iron, lime, and magnesia; he also found silica and oxide of iron.

In regard to the distribution of the disease over the surface, this case presents some features not commonly seen; thus it is present in the axillæ, in the popliteal space, and on the genitals, and the prevailing direction of the patches on the trunk and limbs is along the course of cutaneous nerves.

Hillier states that "when general, it avoids the palms of the hands, soles of the feet, the axillæ, the popliteal spaces, and the flexures of the arms." Neumann states that "the disease generally begins on the outer aspect of the extremities, and spares no part except the flexions of the joints, the *genitals*, and the face." In this case the affection began on the neck, spread down the back, and the limbs were invaded subsequently. He also states that "in rare cases it remains limited to small portions of the skin for years, and forms moderate depositions of dark-colored cells along the distribution of certain cutaneous nerves." Hebra states that "the malady is mostly diffused over the skin in such a manner that, with the exception of the bends of the joints, of the genitals, of the palms of the hands and soles of the feet, and face, it affects the whole skin and especially attacks the skin of the elbows and of the knees, and the extensor surface of the extremities." He mentions exceptions, however, where ichthyosis hystrix occurred on the palms and soles, and where slight degrees of ichthyosis occurred on the face, resembling pityriasis. He states further, that "usually the skin on the places mentioned appears affected in *continuo*, and mostly over patches at least as large as the palm of the hand. In a few isolated cases, however, the ichthyosis, and especially its higher grade—hystrix—occurs in the form of warty eminences arranged in rows, between which can be seen smaller or larger normal

portions of skin. These elevations of the skin, arranged in the form of lines, have, as a rule, the same direction as the peripheral spinal nerves, which run beneath them." Duhring says, "the disease usually involves the whole surface more or less generally, although it always manifests itself more markedly in certain regions; these are the lower extremities from the hips down to the ankles, and the arms and forearms. The knees and elbows are in almost all cases the seat of considerable wrinkling, thickness, roughness, and scalliness; on the other hand, the flexions of the knees and elbows, as well as the axillæ and groin, seldom show the disease at all." Tilbury Fox states, "the parts usually affected are the knees, elbows, and those about the ankles, wrists and axillæ." Thus Hebra and Neumann both consider the cases rare and isolated in which the disease follows the course of cutaneous nerves, and both authors state that it never occurs on the genitals. In this particular, therefore, this case seems to be unique. The well-developed patches in the axillæ and groin are also very unusual, Duhring stating that the disease seldom occurs at all in these regions. In this case the affection was not inherited, as a similar disease was not known to have occurred in any of the child's predecessors. It must therefore be classed with those less frequently observed cases, which are considered to be congenital, where, although as in this case, the child is born with a surface free from blemish, or any character which would indicate a future ichthyosis, yet the morbid condition is present in the skin which predisposes to this abnormal state of the epidermis.

As the child, from the time I saw him, was laboring under the disease which caused his death, I had no opportunity of following out any course of treatment. Mostly all of the remedies which have proved of benefit in skin diseases generally have been prescribed in this affection, but have proved unavailing in effecting a permanent cure, and only in some cases have afforded transient amelioration to the patient. Local therapeutics only have been found of any service, and the most useful of these are warm water and vapor baths frequently repeated, and frictions, with glycerin and various oleaginous substances; alkaline and sulphur baths are also of benefit. Hebra mentions some cases where complete cures followed attacks of measles and variola. This child was never known to perspire until a week or two before he died, when the sweating at night was sometimes very profuse; this soon had the effect of softening and loosening the epidermal deposits, so that at his death they were almost entirely removed from the most exposed parts of the body.—*Journal of Dermatology.*

ON THE TREATMENT OF TINEA TONSURANS.

In a clinical lecture reported in the *Lancet*, November, 1879, Dr. Robert Liveing says:—

Nothing is easier to cure than tinea tonsurans of the trunk, or more difficult to deal with than the same disease when it is well established on the scalp. It is important that you should understand how the remedies in common use act. They may be conveniently divided into two classes—(1) Those which act by setting up sufficient inflammation in the skin to lead to the destruction of the disease; (2) Those of a milder kind, which act simply as antagonistic to the development of the *Trichophyton tonsurans*. To the former class belong such remedies as acetum cantharidis and strong acetic acid; to the latter belong sulphur ointment, the white precipitate ointment, and sulphurous acid lotion. Many remedies combine, as it were, these two properties; as, for example, chrysophanic acid ointment, iodine liniment, and strong carbolyzed glycerine. How are you to choose between all these and many other remedies? You must be guided by circumstances, and take into consideration both the age of your patient, and also the extent of the mischief. *Strong remedies are always contra-indicated in very young children*; a little tincture of iodine painted on once a day, for a few days, followed by the use of the white precipitate ointment, is all that is necessary. In older children stronger treatment must be used, but even then you must be guided in your choice by the extent of the mischief. It is very unwise to make a large sore place on the scalp, as it will very likely give you and your patient more trouble than the ringworm itself. If, however, the disease is in an early stage, and consists of one or two small circumscribed spots, your best plan is to cut the hair short all round the spots and apply with a brush Coster's paste, acetum cantharidis, or iodine liniment. At this stage a few applications will sometimes arrest the mischief. A single painting with pure carbolic acid is thoroughly effective, but it is a strong remedy, and gives some pain. Always bear in mind that it is very unwise to trust strong remedies to unskilled hands. When the disease extends over a large surface, you must be content with using milder measures—tincture of iodine of double strength, painted on every day, is a good and safe mode of treatment. This may be followed up by the use of the nitrate of mercury ointment, diluted according to circumstances, or an ointment containing the red and white precipitate of mercury and sulphur, or the oleate of mercury (10 per cent). For many years I have used, in certain cases, goa powder or chrysophanic acid ointment (thirty grains to the ounce is usually strong enough), and I have found it a very effective remedy, but there are

great drawbacks to its general use. First, it stains everything with which it comes in contact, and, in the second place, we are uncertain as to the amount of inflammation it may set up; some children bear it well, while in others it produces so much irritation, swelling, and discoloration of the skin, as to alarm those who use it. It must, therefore, be used with caution and patients should be warned of its properties; nevertheless, I repeat, it is a very effective remedy.

Your success in the treatment of ringworm will depend on your choosing your remedies with judgment, being guided in your choice by the circumstances of the case, and always bearing in mind that you have to steer, as it were, between setting up too much inflammation on the one hand, and not using sufficient strong means on the other. Whatever treatment, however, you adopt, you will meet with a certain number of cases that defy your best efforts and that get well only, perhaps, after years of tedious care. As a rule, shaving the head is quite unnecessary, but the hair should be kept quite short. Skullcaps are best avoided, as liable to propagate the disease. With regard to epilation, which is so largely used in France as a mode of treatment, I do not find that it is often necessary; it is, however, occasionally useful. Take, for example, the case of a boy anxious to return to school, who has a patch of chronic tinea tonsurans. In this case the extraction of the diseased hairs will shorten the treatment required, and enable him to return to school cured somewhat sooner than would otherwise be possible. Lastly, most observers agree that ringworm is often associated with a generally unhealthy condition of the skin, which is badly nourished. Under these circumstances, tonics, such as iron and arsenic, are often useful. This is quite in accordance with the fact that many strictly local affections are influenced by general treatment.

RESIDENCE ABROAD IN LUNG CONSOLIDATION.

When on examination of the chest an apex is found consolidated, it seems, as a rule, to be taken for granted that active mischief is a-foot. But is this really the case? Personally, we would feel warmly grateful to any observer who could tell us, in a great many cases, whether that consolidation has existed weeks, months, or years. The patient's real condition is not modified by the discovery of the consolidation, further than the influence the discovery exerts upon the future management of the case. Yet, ordinarily, the discovery is followed by hasty and excited action, as if acute illness were being encountered.

In a large number of cases the physician and

the friends alike lose their heads; the occupation must be abandoned; the prospects in life, may be after years of persistent toil, must be foregone; everything must be sacrificed; and the most acute mental misery occasioned, as well as monetary loss. For why? Because we are only slowly emancipating ourselves from the thralldom of Lænnec's views on tubercle. The dark shadow of his teaching overhangs the professional mind to a great extent, and the lay mind completely.

Once tubercle is established, and the patient is as certainly doomed as was Jephthah's daughter. That was the belief of the past. But what is tubercle? We have heard a physician say he would rather serve on the treadmill than be compelled to write an exhaustive treatise on the subject at the present time. When consolidation is established, it may last for years, without undergoing any active stage of change; and the only discomfort the patient experiences is from a want of breath on exertion, *i.e.*, so much lung is rendered functionally useless, and the only danger, often a remote one, is the risk of the part breaking down. There is no evidence of such a change setting in until moist râles are heard, and the temperature rises. The physician then having detected the consolidation—a very easy matter—has next to face a subject of infinite difficulty, *viz.*, the aspect of the case.

It is not sufficient to jump to the conclusion that the condition is a recent one, imperatively demanding the complete overturning of the patient's existence. Such tumultuous action is neither creditable to our knowledge nor advantageous to the patient. An exact calculation should be made as to the condition of the lung, the general state of the patient, and the family history; and this should precede the decision. The lung trouble may not dominate the whole subject so tyrannously as partial knowledge may suppose. Certainly a consolidated apex lowers the value of the life from an insurance point of view; but, if the researches of pathologists are to be credited, evidences of by past apical mischief are commonly found in persons who have long survived any symptoms of lung-trouble; some of whom have reached a fair length of days without being conscious that there ever was anything abnormal in their chest. When a person with a consolidated apex begins to emaciate, either from night sweats, or diarrhoea, or indigestion, and, if a woman, leucorrhœa, then this weak spot becomes a cause of anxiety. Just as in a regiment, when sent on a campaign, it is the weakest, the men who are diseased which break down first; so in the body when the organism is running down, then the injured structure is most likely to break down first. Defective nutrition, with the loss of blood-salts, is felt in the lowered tissue more than elsewhere; degeneration of the

altered lung follows, and caseation reduces portions to a pulp; ulceration opens an air-tube, and the softened *débris* is expectorated, leaving a cavity. In the meantime the patient's life has been in most imminent danger. If the ulceration opens one of the pulmonary blood-vessels, probably the patient dies suddenly of hæmoptysis. At other times the patient dies of exhaustion; the result partly of a persisting high temperature, partly of the loss of blood-salts in the profuse night sweats.

Now let us seriously ask, are we still in such outer darkness that we can only influence the lung condition and avert danger by sending the patient away from home and from England? Are the advantages to be derived therefrom sufficient to outweigh all other considerations? Does the discovery of a consolidated apex authorise exile, family sacrifices, often comparatively ruinous, and an upheaval of the patient's whole existence? Is it not possible that the cases which improve very markedly at Davos are just the cases which would have improved at home in a suitable locality and under judicious medical and hygienic treatment. Is there not a tendency towards regarding these health resorts as possessing powers so peculiar as to approach the miraculous? Consequently, a strong probability that cases which, nothing short of a miracle could cure, will be sent there—or order themselves there—to die in the delusive search after cure.

It is high time that a protest be made against the prevailing habit of ordering opulent patients away to foreign lands; if it were only on behalf of those unfortunate persons who, with lung disease, cannot afford to go abroad, and who are unnecessarily depressed thereby; who lose hope accordingly; and whose peace of mind is destroyed, and their prospects of life diminished, because they cannot reach those lands where they believe they could live and recover; but must stay home and perish. Do those fashionable physicians who lightly order their wealthy patients abroad—in many cases because they wish a change, rather than any actual need—do they, in doing this, ever reflect on the poor consumptive lady's maid pining in a cheap lodging, whose remainder of life is embittered because she has not the means to reach those lands of which she has heard, or overheard, so much, where phthisis cannot exist. Is it humane to extol so highly these far-away places? and, in doing so, to add to the sum total of human wretchedness in those who cannot reach them?

This is an aspect of the subject which we present to these physicians for their consideration.—*Dublin Medical Press.*

DUPLICATING PRESCRIPTIONS.

A recent medical act in Wisconsin reads as follows: "If any physician practising medi-

cine in this State shall write or cause to be printed on any prescription the words 'No duplicate,' any vender of medicines who shall duplicate such prescription without the physician's consent shall be subject to a fine of ten dollars for each offence."

ON BRONCHITIS.

By G. HARRISON YOUNGE, L.R.C.S.I., L.K.Q.C.P.I., &c.

BRONCHITIS is a disease than which there is none more frequent or more important. Its importance depends as well on its frequency as on the serious morbid changes which may remain behind, and on the number of deaths which it causes, especially in young children and old persons. It is therefore essential that we should be acquainted with the disease in its every detail, and be prepared to treat it in all its varieties.

Bronchitis usually results from exposure to cold, but it may arise from other causes. Thus we have mechanical bronchitis, resulting from the irritation of the mucous membrane, due to the constant inhalation of air rendered impure by the presence of particles of dust, iron, &c. Again, we have secondary bronchitis, occurring in fevers, gout, and Bright's disease, and depending on the vitiated state of the blood. Another important cause of bronchitis and one which should always be borne in mind, is mitral regurgitation; in this case it is due to the constant state of congestion of the lungs. There are numerous classifications of bronchitis, but the most practical is into Acute and Chronic. Another important division is that based on the part of the bronchial mucous membrane affected, viz., ordinary bronchitis, where the mucous membrane of the large bronchial tubes is implicated; and capillary, where the disease is confined to that of the small tubes. Of course both of these forms frequently co-exist.

The symptoms of bronchitis are chilliness and coryza, followed by pyrexia. The temperature rises to 101° or 102° ; the skin becomes hot and dry, the pulse rapid and full, the tongue is furred, there is thirst and loss of appetite, the urine becomes diminished in quantity, high in colour, and deposits lithates; the bowels are constipated; there is cough, at first frequent, preceded by an unpleasant sense of tickling in the throat; it sometimes comes on in paroxysms, and is especially troublesome at night. There is a feeling of post-sternal oppression, and of soreness and tenderness at the lower part of the sternum, caused by constant coughing. At the commencement of the attack the secretion of the mucous membrane is diminished; soon a clear, viscid, frothy mucus is expectorated; after some days the expectoration becomes thick, muco-purulent, and only partially aerated. The physical signs are quite distinctive in un-

complicated cases. Bronchitis is bilateral; percussion is normal. At the commencement of the attack sonorous bronchi are heard on auscultation over the larger tubes, while over the borders and apices of the lungs vesicular breathing is heard as usual. These morbid sounds are caused by the air entering tubes whose calibre is lessened by the swollen and dry state of the mucous membrane. When the bronchial secretion becomes profuse, large bubbling râles take the place of the dry sounds.

Capillary bronchitis, or suffocative catarrh, is a highly dangerous affection. It is much more fatal when it attacks, as it usually does, young children, or persons who are past middle age. The attack may be primary, or it may supervene on an ordinary case of bronchitis. The symptoms are very severe, and are generally quite characteristic. The attack is ushered in with the usual febrile symptoms; soon, however, urgent dyspnoea, with occasional paroxysms of orthopnoea, sets in; cough becomes violent and paroxysmal, expectoration is very difficult, owing to the very viscid nature of the sputa, the circulation through the lungs becomes greatly embarrassed, the right side of the heart is engorged, the jugular veins are distended, the face assumes a dusky hue, and the lips are livid. If the case proceeds to a fatal termination the face becomes covered with cold sweat, the surface begins to cool, the pulse becomes weak and irregular, the expired air is cold. The patient becomes comatose, and in some cases dies convulsed from the action of carbonic acid on the brain. The physical signs are the same as in the former variety, except that in this case fine bubbling râles are heard instead of the large ones.

Chronic bronchitis usually follows the acute. In old persons, however, it comes on every winter, when it is known by the name of winter cough. It is this winter cough which is the great cause of emphysema; it should, therefore, be looked upon as a most serious affection and should receive prompt and careful treatment. The symptoms and physical signs of chronic bronchitis are the same as in the acute. The diagnosis of uncomplicated bronchitis presents no difficulty. In some cases, however, where complications occur, it may not be easy to determine the exact nature of the disease. Thus, there may be dulness on percussion; this is due to the mucous membrane having lost its usual sensibility. The patient is, therefore, not aware of the necessity for coughing. The accumulated secretions gradually gravitate to the base of lungs and produce the dulness. This dulness has not infrequently been mistaken for pneumonia. It may, however, be readily recognised by the absence of the characteristic symptoms of pneumonia, such as the prolonged rigor, the rapid rise of temperature, the pungent burning skin, the great disturbance of

pulse-respiration ratio; &c. On physical examination the dulness in bronchitis will be found to occupy the most dependent part of the lung, not, as in pneumonia, mapping out a lobe. The dulness will also change with change of posture, while vocal fremitus and resonance are diminished.

Chronic bronchitis with dilated bronchi may be mistaken for phthisis. Dilatation of a bronchus may be caused either by collapse of a lobule of the lung, the bronchus then dilating to fill the vacuum thus formed, or, from long continued and difficult cough, the bronchus giving way at some weakened point. These cases resemble phthisis in the following points—emaciation, sweating, debility, cough, expectoration. It may usually be diagnosed from phthisis by the fact that phthisis begins at the apex; dilatation generally takes place at the root of the lung, in the vicinity of the large bronchi. In phthisis there is hæmoptysis; in dilated bronchi this is absent. The sputa are fetid in dilated bronchi; they are not in phthisis. Attention to the above points, together with careful physical examination, will generally be sufficient to clear up the case. If not, the progress of the case will remove all doubt.

In speaking of the morbid anatomy it is necessary to know that bronchitis may prove fatal and yet no marks of inflammation appear on the mucous membrane. This, however, can only occur when the smaller tubes alone are affected. It is due to the fact that the mucous membrane of the capillary tubes approaches in character a serous membrane, and serous inflammations frequently disappear after death. In ordinary cases the mucous membrane is covered with thick tenacious mucus. When this is removed the membrane underneath is found thickened, red, and irregular. In some cases even slight ulceration of the mucous membrane may be seen.

Plastic bronchitis deserves mention here, as, though not often met with, it may be mistaken, when it does occur, for phthisis or pneumonia. Its symptoms are wasting, cough, hæmoptysis, and expectoration of plastic casts, called bronchial polypi, and dulness on percussion. It may be diagnosed from both phthisis and pneumonia by the fact that plastic casts of the bronchial tubes are expectorated, and on physical examination vocal fremitus and resonance are diminished instead of increased.

Syphilitic bronchitis is an affection deserving of careful consideration from the fact that it is liable to be mistaken for phthisis, and which, if not properly treated, will assuredly become phthisis. The symptoms resemble those of phthisis in the following points: There is great emaciation. In the syphilitic affection, however, the patient has a peculiar dull, cachectic appearance, which is very suggestive of syphilis. There are night sweats, but in this

case the cutaneous exhalation is clammy, and has a heavy unpleasant smell. Hæmoptysis is a marked symptom, but the expectorated blood, instead of being of a bright arterial hue, is dark in colour, and somewhat grumous. Diarrhœa is a very troublesome and persistent symptom, which usually defies all ordinary treatment. There is dulness on percussion, but, instead of being at the apex, as in phthisis, it occurs in scattered patches over both lungs, being due to gummatous deposits. Cough is not usually so troublesome a symptom as in phthisis. Expectoration is usually profuse, and the expectorated matter is fetid.

From the above we see that the following are the chief points of distinction between these affections:—

1. In syphilitic bronchitis the sweat is clammy and unpleasant in odour; in phthisis it is not.
2. In syphilitic bronchitis the expectorated blood is dark and clotted, in phthisis it is bright in colour.
3. In phthisis the dulness in apical, while in the bronchitis it occurs in scattered patches.
4. The expectoration is fetid in syphilitic bronchitis, it is not in phthisis.
5. In phthisis the patient is bright and hopeful, while in syphilitic bronchitis the expression is dull, heavy, and depressed.

The morbid appearances distinctive of syphilitic bronchitis are the presence of gummata in the substance of the lungs. These growths are situated in the connective tissue between the air vesicles and bronchial tubes. They are surrounded by a layer of connective tissue which contains a number of blood vessels; inside this is a covering of fibrous tissue; the centre of the tumour is filled with a dirty yellowish-grey substance, which after a time undergoes caseation.

It is now necessary to consider shortly the most important sequelæ of bronchitis. Of these that which first claims attention is phthisis. Frequently repeated attacks of bronchitis may produce phthisis in subjects in whom not the slightest hereditary tendency exists. If such is the case how much more likely is phthisis to result in persons who are already predisposed to the affection. In patients who are phthisical bronchitis works the greatest havoc, so that in these cases it is of the greatest importance to treat the slightest attack at once, and continue the treatment until the disease is thoroughly cured.

Another very important sequella of bronchitis is emphysema. It most frequently occurs in old persons who have suffered for some time from winter cough; yet no age is exempt from it, and it may even be met with in young children where strong family predisposition to fibroid degeneration exists.

Emphysema may be caused either by collapse

of a lobule of the lung, when the surrounding vesicular portion becomes emphysematous to fill the space formerly occupied by the collapsed lobule. This, however, is of comparatively little importance. Or the whole or greater part of the lungs may become affected. In these cases it is caused by frequent cough, especially where any obstruction exists to the free expiration of the air. When such is the case, the air is forced into the air vesicles, which distend and burst. After a time the lungs permanently lose their elasticity. When this takes place a disease becomes established, which causes the greatest possible inconvenience to the patient, and which exerts a most detrimental influence on his general health.

In the treatment of bronchitis the indiscriminate use of expectorant medicines frequently does much harm. Thus I have several times seen cases where the mucous membrane was dry, inflamed, and irritable, yet in these cases turpentine was ordered, which, being a powerful styptic, as we know, could only aggravate matters. Yet, if the prescribers are asked why they use turpentine in these cases, their inviolable answer is, "Because it is an expectorant"! Such treatment is manifestly incorrect and unscientific, for expectorants have their special modes of action as well as any other class of medicines. If we consider these special modes of action we find that tartar emetic and ipecacuanha increase the secretion from the mucous membrane. Alkalies, especially ammonia, increase the amount of, and at the same time liquify the mucus, thus assisting its expectoration. Blue pill increases the secretion, and also acts as a powerful alterative. It is very useful when combined with ipecacuanha.

The medicines which facilitate expectoration are carbonate of ammonia, senega, squill, and stimulants. Turpentine diminishes the secretion, but, from its stimulant action, it also assists expectoration; it is therefore specially indicated in debilitated patients in whom there is profuse expectoration.

Opium, morphia, and hydrocyanic acid relieve cough, but they should only be given where they are really necessary, as they diminish the secretions.

When a person is seen suffering from the premonitory symptoms of bronchitis, the attack may sometimes be cut short by a hot mustard bath and ten grains of Dover's powder at bedtime. I have often seen this treatment successful in what threatened to be a very severe attack of bronchitis. If, however, this does not succeed in checking the disease, the patient should be confined to the house, or, if the attack is bad, to bed. The temperature of the room should be kept at about 65 deg.; it should be well ventilated, but the patient must be carefully preserved from all draughts. The action of the skin should be promoted either by vapor

or camphor baths. (a) If the bowels are irregular 5 gr. of calomel, followed, if necessary by a dose of castor oil in the morning, acts better than any other aperient. In bronchitis, occurring in strong adults, I prefer tartar emetic, in one-sixth gr. doses, to any other remedy; it frees both the bronchial and cutaneous secretions, and lessens the inflammation. It may very advantageously be combined with spt. ammon. arom. Tincture of aconite in 2 m. doses every hour is very useful, especially in phthisical persons, where the great object is to overcome the inflammation in the shortest time possible; it should, however, be used with caution. Leeches to the chest and dry cupping afford great relief. Linseed meal and mustard poultices should be kept frequently applied.

In capillary bronchitis tartar emetic may be given for the first day or two, but if there are any signs of depression it should be omitted. Afterwards spirits of turpentine with ammonia and ether are the most useful remedies. Ether is here very valuable, as, besides being a diffusible stimulant, it overcomes any spasm of the muscular tissue of the bronchial tubes which may exist. If the kidneys are not acting properly spirits of juniper may be given with great advantage. Stimulants are generally required, and the diet should be nutritious and easily digested. Turpentine stupes and linseed and mustard poultices should be kept constantly applied. In those cases where the bronchial tubes become blocked up with mucus, an emetic will bring this away, and afford great relief. When the acute symptoms are passing off iodide of potassium and carbonate of ammonia internally, with flying blisters about the sternum, afford the best results.

In chronic bronchitis it is of great importance to improve the general health. The diet must be carefully regulated; stimulants are needed in most cases; and a general tonic plan of treatment should be adopted. The condition of the bowels should be inquired into, and if necessary corrected. If the heart is affected tincture of digitalis should be given. Where there is bronchorrhœa, turpentine, chloride of ammonium, and the balsams, together with inhalations of turpentine, creosote, or iodine, are most effectual in relieving excessive secretion. If there are fetid sputa, carbolic acid inhalation will usually correct this unpleasant symptom. When the healthy action of the mucous membrane is becoming re-established arsenic is very beneficial; it increases the appetite, improves the state of the blood, and restores the tone of the pul-

(a) To give a camphor bath the patient is undressed and placed on a cane-bottomed chair, being then surrounded by a cloak. About one drachm of camphor is placed in a crucible and burned under the chair; after remaining for a few minutes in the vapour the patient is removed to bed, in a short time a gentle perspiration sets in which is most beneficial. The bath may be repeated every second day.

monary tissues. If there is anæmia tincture of the perchloride of iron may be combined with the arsenic; if this is done the bowels should be kept regularly acting, or the iron will have little effect. Iodide of ammonium and sulphur are most useful in gouty bronchitis.

Persons who suffer from winter cough should, if possible, reside during that season in some mild climate. If this cannot be they should be kept constantly under observation, and the slightest pulmonary symptoms should receive attention and treatment.

In syphilitic bronchitis mercury should on no account be given, or the case will become one of phthisis. Iodide of potassium and iodide of iron, with decoction of cinchona, will generally greatly relieve the symptoms. Codliver oil with good diet will assist in restoring the patient.—*Dublin Medical Press.*

HOW TO CURE FITS OF SNEEZING.

During the recent rapid changes of temperature, I caught severe cold in my head, accompanied by almost incessant sneezing. My unfortunate nose gave me no rest. The slightest impact with cold air, or passing from the outside air into a warm room, equally brought on a fit of sneezing. In vain I snuffed camphor and pulsatilla; the light catarrh still triumphed over me. At length I resolved to see what the maintenance of an uniform temperature would do towards diminishing the irritability of my Schneiderian membrane, and accordingly I plugged my nostrils with cotton wool. The effect was instantaneous; I sneezed no more. Again and again I tested the efficacy of this simple remedy, always with the same result; however near I was to a sneeze, the introduction of the pledgets stopped it *sur le champ*. Nor was there any inconvenience from their presence, making them sufficiently firm not to tickle, and yet leaving them sufficiently loose to easily breathe through. This is really worth knowing; for incessant sneezing is among the greater of smaller ills; and it seems only a rational conclusion to hope that in this simple plan we may have the most efficient remedy against one of the most distressing symptoms of hay-fever.—S. Messenger Bradley, in *British Med. Jour.*

HOW NOT TO TAKE COLD.

Dr. Beverly Robinson, in a lecture on "colds and their consequences," gave the following good practical suggestions:—

If you start to walk home from a down-town office, and carry your coat on your arm because the walking makes you feel warm, you are

liable to take cold. Therefore, don't do it. If you should take the same walk after eating a hearty dinner, your full stomach would be a protection to you, but even then my advice would be, don't take the risk. A person properly clothed may walk in a strong wind for a long time without taking cold, but if he sits in a room where there is a slight draught, he may take a severe cold in a very few minutes. Therefore, don't sit in a room where there is a draught.

Unless you are affected by peculiar nervous conditions, you should take a cold sponge bath in the morning, and not wash yourself in warm water. Plunge baths in cold water are not recommended; neither is it necessary to apply the sponge bath all over the body. Occasional Turkish baths are good, but those who have not taken them should be advised by a physician before trying them. Warm mufflers worn about the neck do not protect you against taking cold, but on the contrary render you extremely liable to take cold as soon as you take them off. They make the throat tender.

Ladies ought to wear warmer flannel under-clothing than they now do, if one may judge from the articles one sees hanging in the show-windows of the shops. People take cold from inhaling cold air through their mouth oftener, perhaps, than by any other way. Ladies dress themselves up in heavy furs, go riding in their carriages, and when they get home, wonder where they got that cold. It was by talking in the cold, open air, and thus exposing the mucous membranes of the throat. The best protection under such circumstances is to keep the mouth shut. If people must keep their mouths open in a chilly atmosphere they ought to wear a filter.

Above all, be careful of your feet in cold, damp weather. Have thick soles on your shoes, and if caught out in a rain which lasts so long as to wet through your shoes despite the thick soles, put on dry stockings as soon as you get home. But in cold, wet, slushy weather, don't be caught out without overshoes. Rubbers are unhealthy, unless care is taken to remove them as soon as you can get under shelter. They arrest all evaporation through the pores of the leather. Cork soles are a good invention.

When you go into the house or your office, after being out in the cold, don't go at once and stick yourself by the register, but take off your coat, walk up and down the room a little, and get warm gradually. Warming yourself up over a register just before going out in the cold is one of the worst things you can do. Never take a hot toddy to warm you up unless you are at home and don't expect to go out of the house again till the following morning. In short, make some use of your common sense, and thus emulate the lower animals.—*Boston Journal of Chemistry.*

THE ANTISEPTIC TREATMENT OF PHTHISIS.

Dr. Curschmann, of Hamburg, strongly advocates the inhalation of antiseptics in phthisis. His mode of treatment is described in a Berlin medical journal. He employs a respirator made of vulcanite, with a rim of soft india-rubber, where it touches the face, to insure close contact and prevent air from entering the lungs except through the respirator. He generally covers both nose and mouth, so that all the air which the patient breathes is saturated with the vapor in the inhaler.

The substances used for inhalation are pure oil of turpentine, carbolic acid, thymol (either pure or diluted with from one to three parts alcohol), and creasote. Dr. Curschman finds no bad results from using the agents either pure or very slightly diluted. Careful examinations of the urine after the prolonged inhalation of oil of turpentine never revealed the least renal irritation; nor did the patients complain of any unpleasant symptoms, except occasionally a little oppression of the head and headache. The same is true of the use of undiluted carbolic acid previously liquefied by a gentle heat. If care be taken to wipe the edge of the inhaler frequently where it touches the face, and to anoint the face itself with simple ointment, there is no local soreness. Dr. Curschmann has never seen any irritating effect produced either on the inside of the mouth or on the larynx by the carbolic acid in so concentrated a form; nor has any instance of so-called carbolic "intoxication" occurred in his practice. He explains the harmlessness of the pure acid, first, by the small amount of it which evaporates and reaches the lungs at all; and, secondly, by the fact that a large part is, very soon after reaching the dilated bronchi or cavities, expectorated with their secretion, and that the false membrane lining these cavities probably offers considerable resistance to its absorption into the system. Both carbolic acid and thymol evaporate much more freely in alcoholic solution than when pure; and he has almost invariably used thymol in this form alone. Alcoholic solutions of carbolic acid are more apt to cause paroxysms of cough than the undiluted acid. More patients, however, object to the use of thymol than of carbolic acid; but the former is, no doubt, safer for children's use than the latter.

Creasote never requires dilution, but it is very important to see that the druggist supplies a pure article. Dr. Curschmann prefers creasote in cases where there is a tendency to hæmoptysis: he finds that it not only has a styptic action and disinfecting properties as powerful as those of carbolic acid, but that its vapor is sedative, and allays rather than excites cough.

Dr. Curschmann relates the history of two

cases of phthisis with abundant and fetid expectoration. One was treated by inhalations of pure carbolic acid; the other, first by oil of turpentine, and later by carbolic acid. The inhalations were at first kept up for two or three hours at a time, later continuously. Both patients were relieved of their cough, and during the six months they were under observation gained twenty pounds in weight.—*Boston Journal of Chemistry.*

MRS. HIPPOCRATES.

The *American Practitioner* for January says:

The doctor's wife rarely appears in ancient history, and so all references to her are peculiarly interesting. Some months ago, having access to a copy of Littré's "Hippocrates," we were very much interested in a letter from the Father of Medicine to his friend Dionysius of Halicarnassus. A large part of the letter related to his wife,—shall we call her, after the fashion of the present times, Mrs. Hippocrates? Too poor to own the writings of Hippocrates, we must quote some of the salient points of the letter from memory. It appears the Abderites had concluded that their distinguished fellow-citizen, Democritus, was insane, and were very anxious to have Hippocrates visit him; but in order that the latter could make this visit it was necessary some one should come and attend to his patients during his absence, and he accordingly wrote to Dionysius to do him this favor. The wise physician states in his letter that he does not believe Democritus is seriously ill. Those, by the way, who are curious in regard to the interview between the illustrious physician and the famous philosopher will find it very fully given in Burton's "Anatomy of Melancholy;" how the latter was found engaged in dissecting animals, and how, after a long discussion with him, Hippocrates left him, and told the anxious Abderites that although Democritus was a little careless as to clothes, food, and even for his body, the world had not a wiser, a more learned, a more honest man, and they were much deceived to say he was mad.

But what about the wife of Hippocrates? In this letter he tells his friend that although her father and mother will be there to watch over her—honest people, who will try to keep her in honest ways—yet he is not satisfied with this supervision alone, but wants Dionysius to exercise his watchfulness as well, for his belief is that a man can leave his wife more safely nowhere than in the care of a friend. It was very ungallant in Hippocrates to speak such words as these: "For a woman hath need to have an overseer to keep her honest. They are bad by nature, and all lightly given; and if they be not curbed in time, as an unpruned tree, they will be full of wild branches and

degenerate of a sudden." Especially was there danger when the husband was absent, and therefore he besought the watchfulness of Dionysius. Doubtless Mrs. H., thus triply guarded, brought no dishonor on her husband; though now-a-days no doctor would write of his wife and of women as Hippocrates did.

INVERSION OF THE BODY IN CHLOROFORM ASPHYXIA.

Dr. Spörer describes an interesting case of this treatment in a recent St. Petersburg journal. A leading English medical weekly refers to it as a "novel treatment," but the value of inversion of the body in such cases was demonstrated long ago, though many physicians may not be aware of the fact. The case in question was that of a boy eleven years of age, in whose ear a pea had become embedded. After numerous trials to remove it, from thirty to thirty-five drops of chloroform were inhaled from a handkerchief in order to relieve the great pain which these trials caused, and the body was then easily removed. But scarcely had the inhalation ceased when the boy's pulse entirely failed, and he gave every sign of approaching death. Efforts of restoration of the usual kind were tried in vain for more than twenty minutes. His head and the upper part of the body where then thrust out of the window to try the effect of the cool September air; but as no effect was produced, one of the assistants seized hold of the boy by the legs and hung him out of the window with his head downwards, swinging him to and fro like a pendulum. After four or five minutes of this procedure the boy's death-like face became reddened, and to the joy of all present he uttered a cry. The respiration and circulation were restored after more than half an hour's arrest. Dr. Spörer does not believe the recovery was due to the mere exposure to the air, but rather to the inverted position of the body inducing a passive congestion of the anæmic brain, and thus giving an impulse to the action of the heart.

THE MEDICAL USES OF MILK.

M. Biot, in the *Revue Mensuelle de Médecine et de Chirurgie*, 1879, gives a summary of the clinical facts observed at the Hôtel Dieu at Lyons, on this subject. The deductions and conclusions drawn by M. Biot touching the nature of acute articular rheumatism and the efficacy of the milk regimen in the course of this affection, are based on a number of analyses of urine, made as completely as possible, since they give the amount of the total nitrogen, of the urates, of the total chlorides, and of the phosphoric and sulphuric acids. His theoretical and therapeutic views on the subject are thus summarized:

The fever of acute rheumatism generally lasts two or three weeks, and consequently, either from the time it lasts or on account of the high rise in temperature, causes an enormous consumption of blood corpuscles, which produces profound anæmia in the patient. The fall of temperature is the best criterion of the cure, and coincides exactly and constantly with the disappearance of the pains. The tortures endured by patients suffering from acute articular rheumatism are in themselves alone of a violence and tenacity sufficient to induce the physician to endeavor to oppose to this disease a treatment which would unite the three qualities *cito, tuto, et jucunde*. The milk diet seems capable of fulfilling this desideratum; it causes the temperature to fall rapidly below hyperpyrexia, and simultaneously assuages the pains in a period varying from three to eight days. The effects from these two points of view are more prompt and more powerful if the patient be submitted to the milk regimen at the outset of the affection. This milk regimen, without overcharging the stomach or raising the temperature, by its nutritive power and its facility of digestion, prevents, in great measure, that characteristic and generally troublesome anæmia left behind by attacks of rheumatism. Beside these general effects, milk diet has a special action on the urinary function, which is clearly indicated in rheumatism. Milk strongly favors the elimination of all the waste principles accumulated in the organism; its exclusive use causes both the quantity of urine excreted in twenty-four hours and the quantity of all the saline principles dissolved in this liquid to increase rapidly; density, on the contrary, experiences a proportionate decrease. The impetus given to the urinary function by a milk regimen allows a glimpse of the nature of rheumatism, its near and intimate causes. The analyses of urine seem to show that there is an accumulation of urates or uric acid in the organism of rheumatic sufferers, and that its diminution under the influence of milk is not one of the smallest benefits of this regimen.

IMPORTANCE OF ATTENTION TO SLIGHT PERINEAL LACERATIONS.

Before the Boston Society for Medical Improvement (*Boston Medical Journal*), Dr. Lyman read a paper on slight perineal lacerations, which he said were extremely frequent in women who had borne children, so much so that Schroeder estimated that they existed in over one-third and Olshausen in over one-fifth of all parous women. He said that no laceration extending beyond the fourchette sufficiently to leave a recognizable cicatrix is unimportant, for no such lesion is without injurious effects in many ways. The more common results which may ensue, if enumerated somewhat in the order

of their gravity, and more or less likely, of course, in proportion to the extent of the laceration, are, primarily, septicæmia, and secondarily, sterility, cystocele, rectocele, and prolapsus, with consequent derangements of the pelvic circulation, as endometritis, cervicitis, cystitis, and leucorrhœa, imperfect coition, pruritus, vaginal flatus, and extensive reflex neuralgic irritation from the cicatrices. This formidable list might be extended without exceeding the reality. He did not mean that all, or many of them, perhaps, occurred in every case, but in the majority of cases one or more of them were tolerably common. He urged that the perineum should be thoroughly inspected immediately after labor, and if any laceration be found, however slight, a sufficient number of sutures should be introduced to retain the edges in contact, exclude the lochial discharges, and allow the parts to heal by first intention, instead of by granulation, with its necessary accompaniment of cicatricial induration.

PLANS FOR REDUCING OBESITY.

Among the complaints which are not maladies which the physician is at times called upon to treat, obesity is one which is frequent and troublesome. The remedies which have been suggested for it class themselves under three heads—

1. Diet. 2. Exercise. 3. Specific Medicines.

The diet plan is well-known throughout the civilized world, by the pamphlet of Mr. BANTING, of London, nearly one hundred thousand copies of which, if we recollect rightly, were published in the English language alone. The practical difficulties in carrying out his plan are that it cuts off the very articles most generally prized by fat people, and that it brings about in some constitutions a decided debility, and even certain forms of kidney disease. Nevertheless, we know several persons who have for years regulated their weight and prevented a natural tendency to lay on fat, with very little trouble, by a more or less rigid observance of BANTING'S rules.

Every one knows that sufficient exercise, hard, bodily labor, if you please, will certainly prevent obesity, and remove it when present. The first step in training for an athletic contest is to work off the fat, and there is never any difficulty about it in the hands of a skilled trainer with a willing pupil. But to many it is not at all a pleasant method, and to many more it is practically out of the question, because they have no time and no opportunity to take it up. We are, therefore, often driven to

Specific Medicines. The question is, are there any? To begin, certainly natural mineral waters have quite a reputation this way. This may seem singular, as a favorite plan to reduce

fat, with the older physicians, was, as near as possible, absolute avoidance of all liquids. Thus Ettmüller, writing in 1635, says:—"In obesity remedium infallibile est abstinencia a nimio potu" (*Opera* i, p. 240). But these mineral waters, such as Marienbad, Montmirail, Andabre, etc., are more or less alkaline and laxative, and thus, it is believed, counteract the effect of the fluid itself. Best of all, probably, is sea water.

Not long since, in a number of the *Paris Médicale*, there were some remarks on the treatment of obesity by the administration of sea water combined with a residence at the seaside. Sea water taken internally, it is stated, acts as a diuretic and purgative, particularly the latter. A small glassful of it should be taken three times a day in a little fresh water or milk. Sea-water baths are also to be resorted to, free exercise should be practiced, and fattening articles of food strictly avoided. It is stated that sea water used in this manner facilitates the oxygenation of the blood, and that it hastens the elimination of effete materials.

A sea weed, the *fucus vesiculosus*, has, of late years, been brought into notice as an attenuant. It contains iodine and bromine in small quantities, and was administered by Lænnec, in phthisis, as a tonic. In some parts of Ireland it is used to fatten pigs, and even in famine times the peasantry have prepared it for food. That it could have, therefore, any attenuant properties must be held doubtful, particularly as the recent experiments with it have led to very conflicting results. STILLE, in the last edition of the *National Dispensatory*, dismisses it as quite obsolete for any such purpose. But Dr. Mulheron, of Detroit, thinks that much depends on the idiosyncrasy of the patient. According to him it is in the obesity of those of the lymphatic temperament that the beneficial effects of this drug are most marked. It has little or no influence in reducing the "fleshiness" of persons of active habits and of the sanguine temperament. In these, he adds, strict regulation of diet affords almost the only prospect of relief, but, owing to the keenness of the appetite which usually exists, this regulation can very rarely be enforced. The cases in whom *fucus vesiculosus* shows its most decided beneficial effects are women, in whom there exists usually some menstrual derangement, as menorrhagia and leucorrhœa, owing to an atonic and flabby condition of the uterine tissue. In such cases an improvement in these local derangements usually precedes the general reduction of fat and the improved tonicity of the general system.

Arsenic, in some cases, has been found effective by Dr. Whittaker, of Cincinnati. He thinks it may act in the reduction of fat, by simply increasing the absorption of oxygen gas, and thus securing its decomposition into carbonic acid gas and water after the usual way. For this remedy has long been administered empirically

and with great efficacy in asthma and allied diseases, attended with a diminished inhalation or absorption of oxygen gas.

Alkalies, preëminently the *liquor potassæ*, in full doses, are unquestionably successful in diminishing the weight; but the quantities required to accomplish this effectively are nearly sure to bring about alkaline dyspepsia of an intractable character, and a cachectic condition much more distressing than that of polysarcia.

Such are the alternatives before our fat friends. Perhaps the best advice we can give them is a judicious combination, in moderation, of all three of the agencies for reducing weight which we have enumerated. Taken together or in turn, one or all, will be sure to lessen weight.

PRURITUS ANI.

A correspondent of the *British Medical Journal* gives the following advice in this annoying complaint:—

Wear a piece of cotton wool, of the size of a walnut or larger, at the anus; a few shreds of the wool should be inserted inside the sphincter, and this will be sufficient to retain the whole in its place. A fresh piece must be used after each evacuation. After two years' experience, I can speak most highly of this way of relieving the intolerable annoyance of the pruritus; so long as I wear it I am quite comfortable. For about twelve years I had been a martyr to the complaint.

THE THERAPEUTICS OF ACUTE RHEUMATISM.

1. In the feeble, anæmic, nervous subject, he gives tinct. ferri chlorid, mxxx. every four hours; orders the joints to be kept at rest, wrapped in cotton if the patient desire it; and if they are very painful, small blisters (the size of a silver dollar), to be applied around them. An occasional laxative of Rochelle salt is added. The iron cuts short the disease, lessens the danger of cardiac complication, and also has the power, as Anstie pointed out, of preventing impending attacks. The blisters relieve pain, and bring about a more alkaline condition of the blood and urine. Thus treated, cases of this type rarely last more than two weeks, heart complication is infrequent, convalescence is rapid and relapses uncommon.

2. Fat and flabby subjects require the alkaline plan: Two drachms of potassium carbonate, $\frac{1}{2}$ drachm of citric acid and four ounces of water every four hours, until the urine ceases to be acid, when the amount is to be reduced one-half, the reduction being then continued daily until the fourth or fifth day, when, if the urine continue alkaline, quinia (six grs. every four hours), or preferably tinct. ferri should be

added. If the attack is severe blisters are applicable. With this treatment, this class get well within two weeks.

3. Vigorous subjects, often with hereditary tendency. These cases are often promptly relieved by salicylic acid in scruple doses. Not less than 3 ij. should be administered in twenty-four hours, and considerably more may be required. It is more effective given in solution with an excess of alkali. A cure is thus not unfrequently effected in three or four days, but some stomachs cannot bear it, and if it depress the heart it must be stopped. If after three or four days it produce no improvement, it is useless to persist in it. In all forms the diet should be liquid. Opium is objectionable by checking elimination; atropia promotes elimination, and is therefore preferred as an anodyne, being given hypodermically in the neighborhood of the affected joints, and it is rarely necessary to exceed gr. 1-80 a day.

Should cardiac complication arise, the carbonate of ammonia (gr. v. doses frequently), and infusion of digitalis, with hypodermic injection of morphia should be given at once, to dissolve fibrin, check inflammation and lessen the work of the heart. When the acute symptoms have subsided, substitute iron and quinine for the ammonia and morphia. Experience also shows a blister on or near the præcordia to be useful.

In the sudden hyperpyrexia (fortunately very rare), where the temperature leaps without cause to 106°–109° F., the cold bath is necessary to ward off certain death.—Prof. Bartholow in *Med. News and Abstract*.

A PLEASANT REMEDY FOR TOOTHACHE.

Our cook presented herself to me with a swollen cheek, asking for something to relieve the toothache, from which she had been suffering all night, and for which she refused to have the tooth extracted. As there was nothing of the usual kind at hand, I was on the point of telling her to call later at my office, or go to a dentist, when it occurred to my mind that there was in the house a vial of *compound tincture of benzoin*, which I had been using upon a young mother as a protection against sore nipples.

After cleansing the decayed tooth, I saturated a pledget of cotton lint with the tincture, and packed it well into the cavity, hoping this would suffice for the time, and bidding her come back in two or three hours if she was not relieved. I was turning away when she remarked that it might not be necessary, perhaps, as the pain was already gone. Supposing her faith had a large share in the relief, I would not allow myself to think that the medicine had anything to do with the cure any more than so much hot water would have done.

But when I arrived at my office there were two other patients awaiting me with the same affliction, and I determined, by way of experiment, to use the same remedy. To my agreeable surprise both patients declared themselves immediately relieved, and begged a vial of the tincture for future use.

During the winter a number of similar cases applied; and were instantly relieved by the same treatment, all expressing much satisfaction with the remedy.

In December I told my druggist of the discovery, and recommended him to sell it to any person applying for "toothache drops." This, he reports, he has done, and that every one seems delighted with the medicine. * * *—T. C. Osborn in (Baltimore) *The Practitioner*.

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EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

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MEDICAL OFFICERS IN THE CANADIAN VOLUNTEERS.

In the May number of the CANADA MEDICAL RECORD there appeared an article in which we claimed that, after a lengthened period of service in the Canadian volunteers, Medical officers should be entitled to the rank of Surgeon Major, a promotion which at that time was denied them. We at the same time expressed our opinion that such an important body should have a recognized head, one to whom they could look for guidance and instruction when called upon to perform active duty. At that time we were not aware that hardly would our article be read, before an order would issue giving to them the desired rank. Such an order did, however, appear, dated the 11th of June, in the following words: "Surgeons who have served consecutively as such during twenty years in any corps of the Active Militia shall have the rank of Surgeon Major, but without extra pay for such increased rank. Assistant Surgeons

who have served as such consecutively in any corps of the Active Militia during ten years shall rank as Surgeons, without extra pay."

This order has given rise to no end of dissatisfaction among the profession, and is in itself a strong argument in favor of having a Medical Chief to the Militia Staff. If we had had such an officer, no such outrageous error would ever have been issued. What knowledge can those at the head of affairs have of the wants of the Medical Militia service? Absolutely none. If, then, such an order was issued on their own presumed knowledge, they committed a grave error. If it was issued after consultation, as we have heard it was, with medical men not connected with the force, not only was a grave error committed, but the Medical Staff of the force was insulted by the slight shown to them. We have styled the order an outrageous one, and we call it such, because to ask a Medical man to serve ten years as an Assistant Surgeon and then twenty years more as a Surgeon, making thirty years consecutive service before he can get his rank of Surgeon Major, is not only outrageous, it is simply monstrous. There is absolutely no excuse for such an order, not even the excuse that the granting of the rank was going to increase the expenses of the Department, for the paltry increase of pay which usually accompanies the rank is denied them. In as far as has been possible, the Militia organization of Canada has been copied from the regular army of the mother country; we have the same officers, as regards number and designation, and they, at all events when in active service, receive much the same pay. Why, then, should the Medical officers be treated differently than those of the regular Medical service. Surely the Department cannot be aware that they contribute as much, not only in influence but in means, towards the support of the force as those who are styled combatant, while perhaps none others connected with it sacrifice so much financially, when called, as they have been several times within the last fifteen years, to accompany their regiment upon active service. What then is the rule with regard to the matter of relative rank of the Medical Staff in the regular army? We answer the question by giving the reply of Dr. Muir, the Head of the Medical Department of the British Army, to an enquiry

from us regarding this point. He says: "In any circumstances twelve years service as Surgeon will ensure promotion to Surgeon Major (of which three must be passed on foreign service)." In reading Dr. Muir's reply it must be borne in mind that twelve years' service as Surgeon really means simply twelve years' service as a Medical officer, for the position of Assistant Surgeon does not now exist in the regular service. On entering they are now styled Surgeons, and they receive their relative rank from length of service. What is to hinder the Militia of Canada following the same rule? Active service of course cannot be insisted upon, because the country has it not to offer, but they can give the promotion within the same or nearly the same period of service. Surgeon Major Coffee, who for distinguished service in the Zulu war was lately decorated by Her Majesty with the Companionship of the Bath, entered the army in 1863, sixteen years ago, yet for the last four he has been a Surgeon Major. As a contrast to this, we know of Medical officers in the Canadian Militia who began their medical services in 1860, and who, getting their promotion to Surgeon in 1866, have, under the order of June 11, 1879, to serve till 1886 before they are entitled to their rank of Surgeon Major, making a period of twenty-six years. And this is the best side of the question, because, unless they get their promotion to Surgeons before ten years' service as Assistant Surgeons, they will have to serve thirty full years before the rank can be obtained. The entire Medical Staff are unanimous in favor of rescinding this order. We, therefore, ask the Militia Department to act at once in the matter. They have perhaps unwittingly been led into a most grievous mistake, and not a moment should be lost in rectifying it. At the same time we would suggest that the additional pay which the rank carries with it in the regular service should be granted. It is a comparatively small matter to the Department, but if insisted upon will still constitute a grievance, concerning which the Medical officers will still have reason most justly to complain.

PERSONAL.

Dr. Neilson "B" Battery, Quebec, is on two months' leave. He is visiting Cuba and the Southern States. Dr. Colin C. Sewell performs duty for him during his absence.

LEGAL LIABILITIES OF HOSPITALS AND OF MEDICAL MEN.

The *New York Medical Record* of Nov. 19th, 1879, says: "A recent decision by the Supreme Court of Rhode Island will have considerable interest to the medical profession, and especially to those members of it who are connected with charity hospitals. It appears that a man in Providence, R. I., while working in a lumberyard, had two of his fingers cut off by a circular saw. He was taken to the Rhode Island Hospital, and there put under the care of interne. Ether was administered, and attempts were made to stop the bleeding. This could only be done, however, by the application of the tourniquet, and that instrument was kept on for seventeen hours. The result was, that eventually the arm had to be amputated at the shoulder-joint. When the patient recovered he sued the hospital for damages on account of unskilful treatment, and because the interne did not summon the visiting surgeon in accordance with the hospital rules.

In the Court the judge directed the jury to give a verdict for the defendant, on the ground that an institution supported as this was, by public charity, should not be made liable for negligence or unskilful treatment. The knowledge that there was such a liability might deter the benevolent from giving money to such institutions. The case was appealed, however, and this judgment reversed.

In his decision the judge stated that hospital corporations should be considered liable for failure to exercise reasonable care in selecting skilful, competent men as internes, and that they were also liable for negligence on the part of the internes in carrying out the proper rules of the institutions, such as sending for the visiting surgeon in cases of emergency.

HYDRATE OF CHLORAL.

Dr. H. H. Kane, of New York City, specially requests members of the profession with any experience whatever in the use of the Hydrate of Chloral to answer the following questions, and give any information they may possess with reference to the literature of the subject:

1. What is your usual commencing dose?
2. What is the largest amount you have administered at one dose, and the largest amount in twenty-four hours?

3. In what diseases have you used it (by the mouth, rectum, or hypodermatically), and with what results?

4. Have you known it to affect the sight?

5. Have you ever seen cutaneous eruptions produced by it?

6. Do you know of any instances where death resulted from or was attributed to its use? If so, please give full particulars as to disease for which given; condition of pulse, pupils, respiration and temperature; manner of death; condition of heart, lungs and kidneys; general condition, age, temperament, employment, etc., etc., etc. If an autopsy was held, please state the condition there found.

7. Have you seen any peculiar manifestations from chloral—as tetanus, convulsions, or delirium?

8. Do you know of any cases of the chloral-habit? If so, please state the amount used, the disease for which the drug was originally administered, the person's age, temperament, and the present condition of the patient.

Physicians are earnestly requested to answer the above questions, in order that the resulting statistics may be as full and valuable as possible.

All communications will be considered strictly confidential, the writer's name not being used when a request to that effect is made. Address all letters to Dr. H. H. Kane, 366 Bleecker Street, New York City.

REVIEWS.

Brain Work and Over Work. By DR. H. C. WOOD, Clinical Professor of Nervous Diseases in the University of Pennsylvania. Philadelphia: Presley Blakiston (late Lindsay & Blakiston).

The above volume is No. 10 of the American Health Primers, and it is by no means the least interesting of this most valuable addition to public Medical literature. There is no doubt but that the brain work of the present generation is exceedingly active, and this seems to be admitted upon all hands. It is also generally believed that this activity very often ends in death from over work. To prove such to be the fact is a matter of impossibility, for over work ends often in specific diseases, which, at all events among the public, are not associated with a nervous origin. In this fact lies, at all

events, some of the value of this work, inasmuch as its author shows most conclusively that "little habits" which, in the opinions of the mass, are of a very harmless character, are those which cause the great nervous centre—the brain—to refuse to bear with impunity an extra amount of work, and thus they are the fountain from which arise much brain trouble. As a readable book, Dr. H. C. Wood is to be congratulated in having produced one of truly rare merit. We were deeply interested before we had read a dozen pages, and we laid it not down until we came to the final word, "The End."

A Manual of the Practice of Surgery. By W. FAIRLIE CLARKE, M.A., M.B., F.R.C.S., Assistant Surgeon to Charing Cross Hospital, with additions by an American Surgeon. New York, William Wood & Co. Montreal, John M. O'Loughlin.

This is one of the works which have during 1879 been published as a portion of Wood's Library of Standard Medical Authors, at the cost of a dollar a volume. The idea of issuing works at such a cheap rate was a bold one, and we hope the venture has been such as to induce the publishers to continue their publication. The volume before us is one of an essentially practical character, and it is largely illustrated with wood engravings; in fact, its merits have been recognized by the profession, and its appearance in this cheap form ensures for it a very extensive circulation.

Outlines of the Practice of Medicine, with special reference to the Prognosis and Treatment of Disease, with appropriate formulæ and illustrations. By SAMUEL FENWICK, M.D., lecturer on the Principles and Practice of Medicine at the London Hospital. Philadelphia, Lindsay & Blakiston; Montreal, Dawson Brothers.

Dr. Samuel Fenwick is recognised in England as being a thoroughly practical physician; the book is therefore eminently practical. Indeed that such is the case will be well understood when we state that the contents of the work are the extended notes of the last few lectures, which he was in the habit of delivering at the close of his course of lectures at the London Hospital Medical College; and this for the purpose of strongly impressing upon the class the

treatment of the diseases which had been passing under consideration. We know of no better work for the use of students attending the class of Clinical Medicine.

Sore Throat, its Nature, Varieties and Treatment including the Connections between Affections of the Throat and other Diseases. By PROSSER JAMES, M.D., Physician to the Hospital for diseases of the Throat and Chest. Fourth edition, illustrated with hand-colored plates. Philadelphia, Lindsay & Blakiston, 1880. Montreal, Dawson Bros.

The author of this work is well-known on the other side of the Atlantic as a most painstaking and conscientious observer. Anything coming from his pen is, therefore, sure to receive from the profession a cordial welcome. It is consequently no surprise for us to learn of the rapidity with which the various editions of the book have become exhausted. It is a work surely calculated to enhance the author's well earned reputation, for he has brought it well abreast of the times, and in few departments of Medical literature has such advances been made as in this specialty. The hand-colored engravings which adorn the opening pages of the work are beautiful specimens of art, and its very practical character will commend it to the general practitioner.

LACTOPEPTINE.

It is really astonishing what a demand has arisen for this preparation, and yet, after all, not so astonishing, when the benefits which are derived from its use in proper cases is considered. We can personally endorse every word which has been or can be said in its favor; indeed, it has very seldom failed to act just as we expected it would.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, Dec. 26th, 1879.

A regular meeting of the Society was held this evening. In the absence of the President, the 1st Vice-President, Dr. Reddy, occupied the chair.

There were present: Drs. Reddy, Hy. Howard, Kennedy, Kerry, Loverin, Larocque, Ross, Osler, Gardner, Shepherd, Roddick, F. W. Campbell, Proudfoot, Fenwick, Munro and Edwards.

The minutes of last meeting were read and approved.

Dr. Osler exhibited as pathological specimens:

1. Tumour of the brain.

2. Large white kidney in acute Bright's disease.

3. Fibrous concretions in the heart.

Dr. Fenwick read an interesting paper on "Stricture of the urethra from traumatic causes."

In the discussion which followed Dr. Kennedy mentioned the facts of a case in his practice. A lad 12 years of age, who was first treated for spasmodic retention of urine, graduated bougies a boules were passed till a No. 5 catheter could be introduced. A month ago a perineal abscess formed and was opened, a week since a second followed and was similarly treated.

Dr. Roddick cited the practice of the New York Hospitals, which met with his approval, in not passing a catheter after operating for stricture. A bougie may be passed into the bladder once but not repeated. He did not favor the leaving a catheter in the bladder in any case. In a recent case he had used oil in dilating the urethra, an assistant passing a finger into the rectum to prevent the oil entering the bladder; the penis is then grasped firmly and the oil injected.

Dr. Ross remarked that in chronic cystitis the United States Surgeons leave the catheter in for days without removing it.

Dr. Fenwick, in reply, said the custom in the operation for stone of allowing the urine to flow through the wound would seem to favor the views of the New York Surgeons. The only reason for leaving a catheter in was cleanliness, and twenty-four hours was sufficiently long, as after that time the patient had power to retain his water. Dr. Fenwick objected to distending the urethra with oil, such a proceeding might burst the urethra at a weak point.

A vote of thanks to Dr. Fenwick was moved by Dr. Hy. Howard, seconded by Dr. F. W. Campbell, and carried.

Dr. Frank Shepherd exhibited to the Society an anatomical anomaly, a bony process between the clavicle and the root of the coracoid process of the scapula.

The discussion on the report of the Council regarding a short-hand reporter was postponed till the next meeting.

Dr. F. W. Campbell reported on the subject

of a permanent room for the Society, and on motion of Dr. Ross, seconded by Dr. Campbell, a special meeting was announced to take this matter into consideration.

Dr. Fenwick moved and Dr. F. W. Campbell seconded that the By-Laws be referred to the Council for amendment, to be reported on at a subsequent meeting.

The meeting then adjourned.

OLIVER EDWARDS, M.D.,
Secretary.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, January 9th, 1880.

The ordinary meeting was held this evening, the President occupying the chair. There were present, Drs. R. P. Howard, Hy. Howard, Kennedy, Kerry, F. W. Campbell, Ross, Trenholme, Osler, Browne, Reddy, Larocque, Simpson, Bell, Cameron, Roddick, Bessey, Smith and Edwards.

Dr. OSLER exhibited: (1). Specimen of obturator hernia. Dr. Cameron gave a brief account of the case, which occurred in an old woman, æt. 69, an inmate of the House of Refuge. Symptoms were those of intestinal obstruction; there was no tumor to be felt in femoral region. Death followed after 10 days, illness. At the autopsy a small portion of the ileum was found to have passed into the obturator canal, and was there nipped, and in part of the circumference had sloughed. It formed a slight projection beneath the pecteneus muscle.

2. Specimens of diphtheritic inflammation of vagina, bladder and pelvis of kidneys in typhoid fever. Patient had been in Hospital from Nov. 25th, with a moderately severe attack of fever, accompanied with a good deal of nervous depression. There was retention of urine, and she was catheterized on several occasions, the first time on Dec. 4th. On the 14th there was a bloody discharge from the vagina, and on 23rd bloody urine, and from this time characters of urine were altered, it having a thick shreddy deposit; temperature was not increased, and for four days before death, which took place on January 3rd, was normal.

At autopsy there were cicatrizing typhoid ulcers in ileum. In vagina a thick greyish membrane covers a considerable part of the mucosa. Bladder is full of shreds of membrane, and a tolerably perfect cast of the fundus lies

free in the cavity. Parts about the neck are covered with a thick, greyish exudation. The ureters are not involved. The mucous membrane of the pelvis of the left kidney is infiltrated with a similar exudation, that of the right side only at the upper portion.

Dr. Ross said, regarding the one mentioned by Dr. Osler, it was a severe case admitted on the 15th day, with a pulse of 140. The temperature remained high till about the thirty-fifth day, when there was a sudden fall to a normal temperature from 104°. It was then seen that she was losing blood, which was at first supposed to be the menses. The introduction of a catheter, however, showed this was not the case, but it was present in the bladder. It was thought to be from acute cystitis. The quantity passed was quite up to 20 ozs. a day till she died. However, shortly after admission, she had complete retention and a catheter was then passed, the urine being then quite clear.

Dr. R. P. HOWARD said the question arose, what caused this complication? and he considered it afforded a good illustration of a statement made by Goodhart that the introduction of air, or of air contaminated with foul matter, was a fruitful cause of a like condition. He shows that surgical kidney may arise from this cause, and insists on antiseptic catheterization on this account.

Dr. LAROCQUE then read a paper on the City Board of Health.

Dr. R. P. HOWARD, the President, requested a free discussion on this paper, expressing his sympathy with Dr. Larocque in his arduous work.

Dr. F. W. CAMPBELL said that for some twelve years he had worked under the Health Committee of the City Council as a public vaccinator, and, although he had retired from the position now several years, he still felt much interest in all that related to sanitary matters in general, and especially with regard to means for the stamping out of small-pox. He had always been of the opinion, and he was now so more firmly than ever, that it was impossible to get compulsory vaccination carried out without a system of registration of births, such as was in operation in Great Britain. Till such an Act was in operation in Canada, general vaccination was impossible. Sanitary matters in Montreal did not receive from the City Corporation that

attention which their great importance demanded, and this because it was impossible, apparently, to force into the Civic head that the life of a human being was worth far more to the country than was that of an ox or a hog. Strenuous efforts were made by the Legislature to prevent the spread of disease among these animals, but the animal—man—was neglected. Dr. Campbell alluded to the miserable accommodation afforded in the Civic Small-pox Hospital. He also spoke of the labors of the Medical Health officer, Dr. Larocque, whose indefatigable labors deserved the support of every member of the profession.

Dr. REDDY thought that a compulsory bill by the Dominion Parliament should be passed to deal with this question.

Dr. TRENHOLME said there were some matters, as registration of births, marriages and deaths that might be legislated on by the Dominion Parliament, but this was a question demanding provincial legislation or stringent civic attention. To show how readily this foul disease can be and is spread, he spoke of having entered a house where some fifteen women were sewing furs for one of our largest business houses, and in the same room lay a child all covered with small-pox. He felt that Dr. Larocque should be supported and encouraged by the members of the medical profession.

Dr. BESSEY said that animal vaccination should be supplied to all those who objected to humanized lymph, as there was a prevailing opinion among some that in the latter way disease was communicated. The subject of animal vaccination is now exciting attention in England.

Dr. OSLER said there is a general feeling in the Western States that Montreal is filled with small-pox, and there is a dread in the minds of many of coming to this city. He denounced the utterly inadequate accommodation at present offered in the Small-pox Hospital, and expressed as, in his opinion, the best mode of dealing with this foul and fatal disease that established in Germany in 1872. Hospital accommodation was provided, and then all cases were *compelled* to go to the hospital, the result being that the epidemic was stamped out. It is fearful to think that in this period of civilization the pest should have existed here for many years, and for the past ten years in almost epidemic form,

and yet so little effort should have been made to rid the city of a disease that is carrying off many of its inhabitants and marring its commercial prosperity.

Dr. HENRY HOWARD said that for many years he had known the Parliamentary Conservative leaders, and the invariable answer to those pressing legislation was, "Do the people demand it?" It was therefore no use asking for legislation before public opinion was sufficiently powerful to sustain and execute the law passed. One most serious drawback in this Province to arousing an interest in this matter was the lamentable ignorance of the people, who looked upon everything that happened as of inevitable necessity. When small-pox enters a house they quietly fold their hands and say, "It is the will of God." As long as such a spirit exists little can be done to cleanse the land of this dire disease. However, it is the duty of all intelligent people to do what they can towards effecting a remedy, and of this Society to sustain Dr. Larocque in his efforts towards this end.

Dr. BESSEY further stated that he had on several occasions seen a number of women congregated in a room making clothes for business houses with small-pox in the same room.

Dr. R. P. HOWARD, in bringing the debate to a close, stated that the thanks of the Society were due Dr. Larocque, for presenting a paper bearing upon matters of such vital interest to this city. He felt that probably sufficient interest had not been taken in the question of sanitary matters. We owe a debt to Dr. Larocque and to the other members of the Board, who have without reward given their time to this question. He thought that both sides of the argument of legislation were right. Whereas legislators do at times that which they are forced to do, at other times they rise above prejudice, and enact that which they conscientiously feel to be right.

The meeting was brought to a close with a vote of thanks to Dr. Larocque, moved by Dr. F. W. Campbell, seconded by Dr. Henry Howard.

O. C. EDWARDS, M.D.,
Secretary.

BIRTH.

In Montreal, on the 10th February, the wife of Dr. George A. Baynes of a son.

In Montreal, on the 24th February, the wife of Dr. Alexander Proudfoot of a son.

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CONTENTS.

ORIGINAL COMMUNICATIONS.		PAGE	EDITORIAL.		PAGE
Rotation of the Fœtal Head from Occiput Posterior to Occiput Anterior positions by Manual Interference	141		Athletic Sports, 159 — Measles in Montreal, 159 — Cook's Grand Excursion to Europe, 160 — Case of Quadruplets, 160 — College of Physicians and Surgeons of the Province of Quebec, 161 — Obituary,	161—163	
CORRESPONDENCE.			Reviews	161	
Our London letter.....	142		Medico-Chirurgical Society, of Montreal	161	
PROGRESS OF MEDICAL SCIENCE					
How to Cure Fits of Sneezing, 144— Rules for the Treatment of Croup, 144—Treatment of Scabies, 145—					
Notes of Treatment at Hospital for Diseases of the Skiu, Blackfriars, London, 145—Treatment of Cough, 146—Ozena, recent suggestions for, 147—Ear-ache, Chloroform Vapor in, 148—Clinical Lecture on Leucorrhœa, by Dr. T. Gaillard Thomas of New York, 148—Treatment of Chorea, 153—A New Method of Rectal Alimentation, 154—Transfusion with Defibrinated Blood, 156—Prevention of Mammary Abscess, 157—Treatment of Infantile Convulsions, 158—Lunar Caustic in the Treatment of Ophthalmia, 158					

Original Communications.

ROTATION OF THE FŒTAL HEAD FROM OCCIPUT POSTERIOR TO OCCIPUT ANTERIOR POSITIONS BY MANUAL INTERFERENCE.

By DR. JAMES ROSS, Toronto.

Many years ago my attention was drawn to a considerable delay which occurred in cases of natural labor, where the head of child presented, the pelvis of mother being normal, and the fœtal head of the ordinary dimensions, and in the majority of such cases I found the head of child presenting with occiput right or left posterior.

All obstetricians of experience are aware that in a natural labor, where the head of child presents occiput right or left anterior, it is in the most satisfactory position, and that the labor will in due time be completed without manual or instrumental aid, provided the pelvis of mother and head of child be of normal dimensions, and all know equally well that in many cases where the child presents occiput right or left posterior, the head will, by the expulsive effort of nature and the peculiar mechanism of the natural pelvis, rotate so as to become occiput right or left anterior, and that the labor will also be completed in due time without interference on the part of the attendant; but I find there is a considerable number of such cases (occiput right or left

posterior), say five or six per cent., where rotation will not take place, or if it does, it will have done so only after a long continued effort on the part of the mother, thus causing much unnecessary suffering to her and a loss of time to the accoucheur.

In November, 1854, I first attempted to relieve a case of this kind by rotating the head from occiput left posterior to left anterior, and with success. Rotation was accomplished by passing the forefinger well up under the pubic arch, and placing it upon the right temple or rather temporal ridge of right frontal bone of child, then pressing upwards, backwards and to the right as the pains recurred, until I found the posterior fontanelle was directed towards the left acetabulum of mother, and then retained it in that position until the expulsive efforts had pressed the head well down into the pelvis. The labor then proceeded as in an ordinary occiput anterior presentation, the occiput emerging from beneath the left pubis, and was completed without any undue effort.

Since November, 1854, I have paid particular attention to these occiput posterior positions, and have, in many instances, relieved my patients in like manner.

During the period from November, 1854, to April, 1871, I attended 2,860 labors, and noted in my obstetrical record 143 cases where rotation had been performed, and since 12th of April, 1871, I have attended 2,003 labors, with similar results, but have not deemed it necessary to indicate all the cases of rotation because I

had felt satisfied as to the propriety and practicability of the procedure.

I notice that, in Dr. Zimmerman's analysis of my obstetrical record, which I have kept as accurately as it was possible to do since May, 1852, and which was published in the October number of the *Canadian Journal of Medical Sciences*, he has only given me credit for 134 cases of rotation, but upon reference to my record I find 143 cases noted, consequently I am constrained to believe that a typographical error had been committed.

Of these 143 cases of occiput posterior positions before cited 103 were right and 40 left.

Since the 28th of May, 1877 (up to which time Dr. Zimmerman's analysis extended), I have attended 255 labors, and have accurately noted the cases where rotation was accomplished, and find that there were 16 in all, 5 of which were left and 11 right posterior, thus bearing the same or nearly the same ratio of left to right as indicated in the 143 cases previously mentioned. Why the occiput right posterior should so largely predominate over the left posterior positions I am not prepared to say, and will leave it for future solution.

Various authors in obstetrics, while mentioning the rotation of the foetal head, which frequently occurs during labor spontaneously, do not attach sufficient importance to manual assistance in order to correct the many deviations which occur in natural labor.

Dr. Meigs, who is no mean authority, speaks of the dipping of the occipital extremity of the occipito-frontal diameter and the rotation of the head so as to bring the vertex towards the pubis, and Dewees, Churchill, Playfair, Barnes, Leishman and others refer to rotation as it spontaneously occurs, but are not sufficiently explicit as to the amount or the manner of assistance which may with propriety be given to facilitate labor and ameliorate the sufferings of the parturient woman.

The head of the child being placed upon the upper end of the vertebral column as upon a pivot (its longest diameters the occipito-mental and occipito-frontal), being directed from before backwards, it is capable of considerable motion, and if in transitu, through the pelvis, the frontal extremity or pole of the occipito-frontal diameter be impeded by pressing upon the forehead with the finger or other obstacle, the

occipital extremity or pole will of necessity dip down into the pelvis, causing the vertex to present itself, and if at the same time the finger be placed upon the temporal ridge of the frontal bone or in the anterior portion of temporal fossa, and carried to the right or left, the head may be placed in first or second positions as desired.

I may state, however, for the benefit of junior practitioners, that I did not succeed in every attempt to produce rotation, but where I failed, the failure was attributed either to too long delay, thus allowing the head to be pressed too far down into the pelvis and become moulded to suit the position, or to some abnormal condition of the head or pelvis. In these cases I deemed it necessary to allow nature to complete her work, or to assist her by applying the forceps.

The best time to effect rotation is either before or immediately after the liquor amni has escaped, but it may be accomplished much later, if the bones of the child's head have not become too fully ossified.

In conclusion I feel justified in stating that by thus rectifying the position of the head of the child, we can save the mother from many hours of extreme anxiety and intense suffering, and also save much time, which to physicians in active practice is often of vital importance.

Correspondence.

OUR LONDON LETTER.

LONDON, ENGLAND, March 10, 1880.

It is a pity that the friends of Dr. William Farr and the Council of the British Medical Association had not made themselves better acquainted with the facts of the appointment of Sir Brydges Henniker as Registrar General before memorializing the Prime Minister on his not having appointed Dr. Farr, as it is well known in the office that Dr. Farr had some time back applied to the Government for the superannuation on the ground of old age and infirmity; indeed, I believe as a fact that for some time past he has been so infirm as to be obliged to be helped in and out of his carriage. I remember this as another instance of "save me from my friends."

The squabble between the Medical and the Surgical Staff and the Governors of Guy's Hospital respecting the nursing is I believe in a

fair way of being settled. The staff could not, in justice to themselves, or with any regard to the dignity of the profession, allow matters to remain as they were. The nurses in a public Institution should be under the whole and sole control of the staff, without any interference from either "Lady Superintendent" or Board of Governors. There has been a painful instance of the same thing in the resignation of Dr. Humphreys of the Children's Hospital, Pendlebury, near Manchester.

The following little anecdote, which I believe to be a fact, may interest and amuse your readers.

Dr. Clémenceau, the eminent Parisian physician, is also a member of the French Legislature, and divides his attention between the political maladies of his country and the physical ailments of his patients. He is a brisk and busy man, keenly cognisant of the fact that "time is money," and the other day, while he was in attendance at his Montmartre consulting-room, two men simultaneously solicited an interview with him for the purpose of taking his advice. One of them, admitted to his presence, and asked "what was the matter with him," complained of a pain in his chest; whereupon he was ordered to take off his shirt, and Dr. Clémenceau subjected him to careful examination. Before the doctor, however, sat down to write his prescription he rang the bell, and ordered his servant to show the other patient into the consulting-room. As the latter entered the doorway, Dr. Clémenceau, without looking up from the desk at which he was writing, said to him, "Just undress yourself, too, if you will be so good. We shall save time by your doing so." Without a moment's hesitation, the second visitor proceeded to take off his clothes, and, by the time the doctor had finished writing his recipe, taken his fee, and dismissed the preceding patient, he was stripped to the waist, ready for inspection. Turning towards him, the doctor observed, "You are also suffering from pain in the chest, are you not?" "Well, no, doctor," the man replied, "I have called upon you to beg that you will recommend me to the Government for a place in the Post Office." Tableau!

The deaths of Sir Dominic Corrigan of Dublin, and Mr. Hancock of London, have left gaps

in the medical profession not easily to be filled up. The latter I knew well, and a kinder or more genial being, either as a man or a surgeon, did not exist. By the way the death-rate of London has been far above the average owing to bronchial affections, chiefly caused by the abominable fogs of which we have lately had more than our share, and to which, fortunately, your delightful climate is not subject.

We have had more than the usual amount of blunders lately respecting the "drunk or dying." How is it possible for the police to discriminate between the effects of drunkenness and those of cerebral disturbance, induced by other causes? Until the police are compelled by Act of Parliament to call in a medical man to every case of unconsciousness, these mistakes cannot help occurring. This Act, I suppose, will never be passed until some amiable prelate or a "my Lord" meets with the fate that has overtaken so many of his less fortunate brethren.

A very interesting case of a large gall stone, which was passed per anum, was presented at the meeting of the Pathological Society on the 6th of January last. It occurred in the practice of Dr. Carr Roberts. It had been passed by a lady after her confinement. There had been only two symptoms connected with its passage: very excessive pain in the back, and constant diarrhoea of a pale yellow color. The stone measured one inch and five-eighths by an inch and an eighth, and weighed five drachms. The concretion was a true gall stone, composed of cholesterin mixed with bile pigment.

A somewhat singular death occurred in Holborn a few days ago. A laboring man went into a fried fish shop, and had a penny's worth of fish and potatoes. Next day he complained of pain in the throat, and on Friday evening went to the hospital. The surgeons endeavored to dislodge some foreign matter from the larynx. He felt relieved and went home. On Sunday night he died. Dr. Sparkes made a *post mortem* examination, and found in the bag at the under part of the heart a small hole and a small fish bone protruding. The penetration of the heart by the fish bone was the cause of death.

This case resembles in many respects the case of "Tobacco Stack," reported by me in the RECORD for October, 1879. R.

Progress of Medical Science.

HOW TO CURE FITS OF SNEEZING.

John Martin, L.K.Q.C.P.I., L.R.C.S.I., writes to the *British Medical Journal*: In the issue of the *British Medical Journal* of December 27, 1879, the above heading having attracted my attention I was very much interested to find the course of procedure recommended agrees to a certain extent, the principle being the same, with the practice I have adopted for years. Since my schoolboy days I have known that if the nostril of the affected side be stopped early enough, as by pressure with the finger on the ala nasi, there will be no sneeze. During more recent years, when I have been suffering from irritation of my schneiderian membrane so as to annoy me, I have selected out and placed a good "chamomile flower" in each nostril. I find that it not only acts as a respirator, but the flower gives off a very grateful aroma, which I consider beneficial from its soothing influence. These flowers are inexpensive, and can be obtained of all sizes. They will be found, I believe, very useful if placed lightly within the nostril. Although I have practiced this little idea for some time, I did not consider it worthy of recording till I observed the communication of Mr. S. M. Bradley in this journal. I may add that during the past autumn I was much annoyed with continuous irritation of my schneiderian membrane, to which the foregoing only gave temporary relief. After trying many things, I bethought myself of trying extract of belladonna; the small dose of half a grain of this drug produces its toxic effects on me, drying up the secretions of my feces, etc. Although it is now more than two months since I took my dose I continue free from anything unusual in this way. I may say that the irritation complained of did not amount to sneezing, but to a raw sensation on inhalation, which I found was very annoying. I was, therefore, very much pleased when I found that the irritation produced by my dose terminated in complete resolution. Should these hints be of any benefit to mankind I will be more than compensated.

RULES FOR THE TREATMENT OF CROUP.

The following rules are laid down by Dr. W. H. Day, as the result of a long experience in this disease (*Medical Press and Circular*, November 5th, 1879):—

The temperature of the room should not be lower than 65°.

1. The vapor bath is indispensable in the treatment of croup, and should be used at the

commencement in every case, and continued unremittingly until all fear of a relapse has departed.

2. All cases of croup are invariably relieved by the vapor bath, especially if the tracheal membrane is dry; when it is moist there might be fear of causing too much depression.

3. The earlier that a case comes under treatment, the greater the probability of successful termination, because it is then possible to prevent the tracheal secretion becoming organized.

4. The most trying difficulty we have to contend with in the management of croup in the catarrhal form is a relapse, because with it comes exhaustion; and the weaker the patient the less will be the chance of recovery.

5. Tartarized antimony is our sheet-anchor as a medicinal agent; not so much from any specific effect it exerts on the tracheal membrane, as from its certainty in effecting free and speedy vomiting.

6. Tartarized antimony should, however, be mainly given for the purpose of producing vomiting; that failing, it is comparatively useless, because, if continued in small doses at intervals, its depressing effect is too great.

7. When the emetic has fully operated, if there be much febrile excitement and disordered primæ viæ, which aggravate the laryngeal symptoms, a grain of calomel every four hours, or one full dose for the purpose of emptying the bowels and controlling the fever, will be found necessary. In the fibrinous form, when there is violent and acute inflammation, with a firm, hard pulse, and a full reserve of strength, two or three leeches may be applied over the thyroid cartilage, and bleeding can easily be arrested by pressure with the finger, and if need be, with cotton wool; then mercury may prove a valuable addition to the antimonial treatment. Some of my cases improved from the moment the mercury affected the bowels, the fever diminishing, and the expectoration of the false membrane being promoted. When employed in small doses at regular intervals it would appear to diminish the cohesive attachment to the mucous membrane, and to render the lymph less fibrinous and more readily absorbed.

8. When in a case of croup, seen at an early stage, and satisfactorily progressing, forty-eight hours have elapsed, we may generally augur a favorable termination; and we should then begin, if not before, to support our patients with good beef-tea, milk and arrowroot, and (it may be) a little wine and water.

If after vomiting the temperature remains high, and especially when the bowels have acted freely, minim doses of aconite every two or three hours are of great service in inflammatory croup. This keeps up a gentle diaphoretic action on the skin, diminishes tension of the pulse, and controls vascular excitement in a very striking manner. At this stage it comes

in well, because antimony should not be long continued in any of the diseases of children, and it certainly ought not to be in this disorder.

TREATMENT OF SCABIES.

In a paper in the *British Medical Journal*, October, Dr. Robert Liveing writes—

With regard to the treatment of scabies, errors sometimes occur. The one which is by far the most common I have already indicated, namely, that of using a sulphur ointment too strong, and of continuing its use too long. Of all remedies, not one is so effective as sulphur ointment properly applied. An ointment half the strength of that of the *British Pharmacopœia* is quite strong enough, and the best time to use it is at night, when it should be rubbed all over the body, except the head, but especially on the hands, buttocks and lower part of the abdomen, and then the under clothing used during the previous day, namely, socks, gloves, drawers and jersey, should be worn during the night; this thoroughly disinfects the clothes, and at the same time keeps the ointment well applied to the skin. In the morning, a warm bath may be taken, and no treatment followed during the day. For three nights the process should be repeated, but never longer; subsequently a little ointment should be well rubbed on the hands, wrists and buttocks for a few nights. All treatment should then be discontinued for at least a week, when, if necessary, it may be repeated for one or two nights, or a milder ointment might be used. It is sometimes difficult to say whether a case of scabies is cured or not; under these circumstances, it is very convenient to use an ointment which does not irritate or annoy the patient by its disagreeable smell, and which at the same time will complete the cure. A most excellent ointment of this kind is made with balsam of Peru (3 ij ad 5j). The styrax ointment is also thoroughly effective, but less disagreeable.

With regard to sulphur baths, I would say that they are not nearly as effective as sulphur ointments. I lately ordered sulphur baths (as being more agreeable than ointment) for a pupil of my own who was suffering from scabies; he took six or seven, and then came to me much better, but not cured; I advised more baths, but did not see him again. He had in all about fifteen baths, and then went home to the country, thinking himself cured; unfortunately he was not, and he conveyed scabies to his family. This is not the first time that I have found sulphur baths fail. They are, however, useful under certain circumstances; it may, for example, be very inconvenient to apply sulphur ointment at night. Again, in cases where there is much secondary eczema set up, with extensive excoriations, the application

of sulphur ointment is very irritating. Under these circumstances, it is very useful to begin with a few baths, which generally produce an excellent effect; this may be followed up by the application of ointment to those regions known to be specially affected.

Lastly, with regard to disinfecting outer clothes and bedding, it can be easily done by sulphur fumigation or baking. In all cases of long standing the clothes, blankets, etc., should be disinfected, but it is never necessary to extend this to the bed itself.

NOTES OF TREATMENT AT HOSPITAL FOR DISEASES OF THE SKIN, BLACK-FRIARS.

The treatment of diseases of the skin is so often unsatisfactory that the following rough notes of the practice of this hospital may be interesting. The cases described were under the care of Mr. Hutchinson and Mr. Waren Tay.

Lupus Erythematosus.—Patient was a woman of about sixty-nine years of age. Her face was affected on both sides, and there had also been patches of psoriasis about the elbows. She had been attending the hospital since 1876, but the disease remained obstinate. The patient believes that the disease began after exposure to a hot sun in July, 1875. She seemed fairly nourished and stout. The erythematous and non-ulcerative characters of the lupus were well marked. The present treatment consists of the internal administration of quinine and arsenic, and the local application of a lotion of glycerine and liquor carbo detergens.

Lupus Vulgaris.—There was one case of this disease. A girl aged about nine years, who was an in-patient, had lupus of an ulcerative character attacking both alæ of the nose, and extending in the form of scrofulous ulceration to each cheek. The patient was markedly strumous. In addition to constitutional treatment, the actual cantery (Paquelin's) was to-day applied to the diseased surface.

Pustular Sycosis.—There was one case of this disease in a somewhat unhealthy-looking man. The pustules were numerous about the cheeks and chin. The local treatment ordered was the application of carbolic acid lotion, and of white precipitate ointment.

Eczema of the Leg; Chronic Ulcers of the Leg.—There were several cases, mostly of a chronic nature, of eczema. The treatment generally adopted was the application of a lotion of liquor carbo detergens (about a drachm to half a pint of water), and of the unguentum creasoti—the former ordered to be kept applied during the day, the latter to be used at night. This form of treatment is very generally successful, so that Martin's pure rubber bandages (which have been recommended in such cases) are not used here.

Mr. Hutchinson believes that the confinement of the secretion of the affected parts by these bandages might be useful in cases of old standing eczema where there is great thickening of the skin; but that its use in cases which yield readily to other treatment is not called for. Martin's bandages have been used with great benefit in several cases of chronic ulcers of the leg. They seem to be especially useful when the ulcers are large, flabby, and thick-edged; and, as Dr. Martin stated, they enable patients who are unable to desist from their employment to walk about with comfort and without injury. In syphilitic ulcers the local treatment adopted in many cases is the application of the red mercury ointment of the Pharmacopœia.

Porriigo Capitis.—A child was brought to hospital with the entire scalp covered with a dense porriginous eruption. This disease, which might be called porriginous eczema, was generally associated, Mr. Hutchison remarked, with pediculi, as in that case. The glands at the nape of the neck were enlarged, which was not so in eczema. The secretion from the part was contagious, and the main treatment consisted of entirely getting rid of all incrustation of matter by poulticing and washing and attending strictly to cleanliness, and the use of an ointment of ammonio chloride of mercury. With care this disease should always be got rid of in a week or two.

Psoriasis.—Among several cases of this disease one was distinguished by the smallness of the patches. These occurred about the face and neck, and were bright red in colour, and only slightly scale. The parts itched and smarted a good deal. This was in a somewhat acute stage, and the local application ordered consisted of what is called "compound petroleum ointment," and which contains, with other ingredients, chrysophanic acid (ten or five grains to the ounce). This application is somewhat irritating to the skin, and is only applicable where there is no acute inflammation. Arsenic (liquor sodæ arsenitis) was also administered internally.

Lichen Planus.—Two cases of this disease presented themselves. One was about the legs of a middle-aged man; the parts were very irritable, but had passed out of the papular stage. The other case was in an old woman whose arms were affected; there, also, the disease was dying away, but in both the pigmentation was pretty extensive. These cases were treated with arsenic internally, and tar externally, to which they almost invariably yield.

Serpiginous Eruption about Face (Syphilitic).—A young man, about twenty-one years of age, presented himself, complaining of a swelling in his throat. He was very anæmic, and all over the face were patches of a copper-colored eruption, not unlike psoriasis in parts, but traced out in lines about a twelfth of an inch wide. These were arranged in various patterns, some

being almost circular some dumb-bell-shaped, etc. The tongue was ulcerated about its middle and back parts, and there were ulcers about the tonsils. Patient thought he had contracted syphilis in France last September. A chancre had appeared on his penis about seven weeks ago, and about Christmas his face became affected. He thought his tongue had been bad for about five or six weeks. This seemed to be a case of secondary symptoms following very soon on a primary sore—whether this was dependent on the nature of the infection or on the constitution of the patient was a matter of doubt. The treatment was antisyphilitic.

Pityriasis Versicolor.—Chrysophanic acid ointment (five grains to the ounce) has been used with perfect success in the treatment of several cases of this disorder. A lotion of sulphite of soda has hitherto been the general application ordered; and, although the chrysophanic acid is effectual, it seems to offer no advantage over the sulphurous acid.

Ringworm of the Scalp.—Two children, brother and sister, attended. They had ringworm about last Easter, which remained obstinate under other treatment, but had become well under the application of chrysophanic acid ointment. The heads were ordered to be well washed several times a week with soft soap and warm water, and the hair to be kept closely cropped. Another case was associated with kerion, but was also doing well.—*Med. Times and Gazette.*

THE TREATMENT OF COUGH.

Dr. A. W. Perry says, on this subject, in the *Western Lancet*:—

Opium preparations are the surest, but they frequently disturb the stomach and bowels, and produce other undesirable effects. I prefer cannabis indica alone, and opium and belladonna combined. In all cases of ordinary bronchitis of moderate intensity the disease tends to subside rapidly without medicine. Squills, ipecac., antimony usually always disturb the stomach, producing distaste for food, nausea or vomiting, with no good effect that I ever saw.

In the early cough of phthisis it is exceeding important to give nothing which will interfere with the digestive functions. On the contrary, every means should be used to preserve and increase the digestive power, and these two indications I have found best fulfilled by the use of cannabis indica in doses of one-fourth to one-third grain, as often as required, or by inhaling the warm vapor of a mixture of ext. of conium, ten grains to one ounce of water, several times daily, through a small inhaler.

In the compounding of cough medicines the form of administration is not indifferent. In most cases of cough the whole larynx is in a state of irritation and congestion, extending to

the top surface of the epiglottis. Any cough medicine which is at all irritating provokes cough in simply passing over the epiglottis to the stomach. In using cannabis indica or larch resin, or other resins, in cough, the only liquid preparation is the tincture made with strong alcohol. I have found by experience that a syrup containing one-sixth or one-fourth of these tinctures would immediately cause a paroxysm of cough. By causing the resins cannabis indica or larch to be rubbed up with syrup and mucilage, the patient could take them without producing immediate cough. The immediate cough is due, therefore, solely to the irritating effect of the alcohol in the tinctures on the epiglottis. I often have patients tell me that taking whisky or brandy not much diluted makes them cough immediately; but when they dilute it a great deal and put in much sugar, it has no such immediate effect. This, then, teaches us that the menstruum in cough mixtures should be bland and soothing, and that we should not use tinctures. When syrups are disagreeable to the patient mucilage should be used as the vehicle.

We also see the explanation of the undoubted benefit of the homely tisanes of flaxseed, Iceland moss, etc.

The warmth of the liquid swallowed has also a very soothing effect on the upper part of the larynx. In regard to this point, a patient of mine lately told me that a very annoying spasmodic cough (due to commencing tuberculosis) had been more relieved by drinking hot water frequently than by anything he had used.

A single small pellet of tough mucus in the trachea or larger bronchi will often provoke a cough paroxysm of several minutes' duration, and when, expelled, the violent stretching and shaking of the bronchial tubes and air cells have left a congestion behind which tends to perpetuate the cough. It is in cases like these that narcotics act brilliantly. Where morphia is well borne, and not much contra-indicated, I get excellent results from the use of one-twelfth as much atropia as morphia in the mixture. The atropia diminishes the tendency of the morphia to constipate and make drowsy, and in phthisical cases it stops the night sweats frequently. In children under two years old the narcotics are frequently very dangerous, and when used should be given with great care and under frequent supervision by the physician. In young children who do not know how to cough well, a slight bronchitis may result fatally, from inability to get rid of the bronchial secretion. If ipecac., antimony, lobelia, squills, have any power to increase bronchial secretion, they increase this danger in young children. In young children, cough, unless very harassing, should not be repressed by narcotics. Excessive and disproportionate cough often produces emphysema, and permanently damages the state of the

lungs, leading remotely to the worst consequences—vomiting of food, and thence failure in nutrition; loss of rest; hernia; great soreness of the muscles of the chest; and in old persons, with degenerated blood vessels, a rupture is frequently produced. If cough and expectoration both are great, but in proportion, diminish the expectoration by the administration of the oil of turpentine, copaiba, quinine, sulphate of zinc, larch resin; and then use narcotics if too frequent cough persists. Where the mucus is both abundant and tenacious, the use of chlorate of potass., in 5-10 grains doses, will liquify the expectoration and thereby relieve a portion of the cough.

RECENT SUGGESTION FOR OZÆNA.

To remove the crusts, Dr. Lennox Browne, (*Medical Press and Circular*, Oct. 15,) uses—

R. Iodoform,	gr.v-viiij
Ætheris,	3 j-iss
Ung. petrolei,	3 j
Ottar rosæ,	m vj.

Dissolve the iodoform in the ether, then add the others.

For a post-nasal douche:—

R. Ammonii chloridi,	
Sodii boratis,	aa gr.vi-viiij
Glycerinæ,	3 j-ij
Aquam,	ad 3 iv. M.

This amount for two douches, at 95° Fah.

For vapor inhalations, either pine oil, creasote, or benzole, in water, at 150° Fah. should be inspired by nose as well as by throat. To whichever is prescribed, *aldehyde*, in no larger proportion than one drop to each inhalation, should be added, this drug having a peculiar and quite specific effect on favoring fluid secretions in cases of inspissated mucus, and, if administered in larger doses, it is apt to produce headache or embarrassment of breathing.

In the *British Medical Journal*, Nov. 1, he gives other formulæ:—

R. Sodii boratis,	3 iij
Acidi salicylici,	3 ij
Glycerinæ,	3 ijss
Aquam,	ad 3 iij.

One or two drachms of this mixture to the half pint of water, at 95° Fah., acted quite efficiently, whether used with anterior or post-nasal douche, or as a gargle; and this form has now been used by him for any months. It has the advantage, over and above its antiseptic qualities of being not only non-irritating, nor obnoxious in taste, but, on the contrary, of being even emollient, and of agreeable flavor.

EARACHE; CHLOROFORM VAPOR.

Dr. Morgan states that he had often promptly relieved the distressing earache of children, by filling the bowl of a common new clay pipe

with cotton wool, upon which he dropped a few drops of chloroform, and inserting the stem carefully into the external canal, and adjusting his lips over the bowl, blew through the pipe forcing the chloroform vapor upon the membrana tympani.—*National Medical Review.*

A CLINICAL LECTURE ON THE TREATMENT OF LEUCORRHOEA.

By T. GAILLARD THOMAS, M.D.,

Professor of Gynæcology in the College of Physicians and Surgeons, New York.

(Phonographically reported for *The (N.Y.) Medical Record.*)

GENTLEMEN:—I want to make use of the cases that come before us to-day, not only to lecture upon their individual peculiarities, but to call your attention to one condition which exists to a greater or less extent in all of them, and that is leucorrhœa. You will find when you get into practice that these cases will annoy you more or less constantly, because of the difficulty in curing them. It is not with these cases as with those of phthisis, where you can assure your patient that she is improving under your treatment, and convince her of the correctness of your assertion. Here you cannot deceive her, for she has a better opportunity of deciding that question than yourself, and although you assure her that she is improving under your treatment, she is positive she is not one bit better than when she came to you—rather worse; and one of the miseries of the gynæcologist is to have some woman pestering his life, because he cannot cure her of her leucorrhœa.

I want now to refer to the several cases which I have selected for to-day's clinic. I have several times made the remark to you, that the man who does not practice surgery in gynæcology had better give up its practice entirely, for there are many cases where the use of the knife, even if it be only to a very slight degree, may effect a cure, where a prolonged course of treatment without it has entirely failed. I want to apply these remarks to some of the cases which come before us to-day, and when I speak of the use of the knife, I allude to it as a representative surgical instrument; scissors, the curette, and the pessary are surgical instruments, all of great value, but I speak of the knife as the representative of all instruments necessary for the proper treatment of these cases.

Our first patient, Mrs. Julia M—, is a native of Germany; has been married eight years, and has had two children and two miscarriages. Ten months ago she had a miscarriage, which was the last time she was pregnant.

Q. "How long have you been sick, madam?"

A. "I have not been well since I was fourteen years of age, but I have been much worse during the last ten months."

Q. "Have you ever been well since your miscarriage, ten months ago?"

A. "Not entirely well."

Q. "Tell us about your sickness."

A. "Two months after my last miscarriage I had a 'period' and began to flood; this continued twenty-one days."

Q. "And what then?"

A. "You took two pieces of the after-birth from me, and it stopped."

It seems that I saw her at this time, and now I recollect the fact that it was in consultation with her physician. I was asked to see her and found her blanched, with a small, feeble pulse and very weak, for she had flooded to a dangerous degree. The uterus was very large, and the view which I took of the case was, that the patient had some portion of the fetal shell, for it could no longer be spoken of as placenta, left in the uterus, and that this flooding was a natural consequence of its prolonged retention. With the doctor's consent I made an examination, and convinced myself of the correctness of my first suspicion. I recommended the introduction of a sponge-tent to dilate the cervical canal, which the doctor did, and on the following day I removed from the cavity of the uterus two small pieces of the fetal shell, each about the size of the distal phalanx of my index finger, and one day later the hemorrhage ceased.

Q. "Have you been well since that time?"

A. "Not entirely, for I have pain through my bowels, and am troubled a great deal with the whites."

We made an examination of this patient to-day, of course, and let me show you, upon the manikin, what I found. The uterus was quite large, something like the one I now place in position upon our model, and dragged down upon its supports so that the cervix had descended into the pelvis lower than it ought to be; and it is this condition which has caused our patient the pain and dragging sensation through her abdomen. Our patient says she has leucorrhœa, and now we want to talk of the method of curing leucorrhœa in her case. When I saw this case, eight months ago, there was no question about the loss of a large amount of blood. Her condition was a precarious one, and my attention, at that time, was directed to giving immediate relief. After I removed these fetal-shell masses with a large curette, the hemorrhage ceased the next day, and I heard nothing further of the case. Since that time her menstrual periods have been, she now tells me, of only about two and a half days' duration. The uterus still remains large, swollen, tender, and heavy, and lower in the pelvis than normal.

Now, what is the case of it? This condition of the uterus is unquestionably the cause of the leucorrhœa, and the condition consists in what is commonly called subinvolution of the uterus; that is to say, the uterus has never returned to its original size since the miscarriage which occurred ten months ago. Now, what stopped involution of the uterus? Unquestionably the retention of these masses of placenta; there was no laceration of the cervix. These masses were retained in the cavity of the uterus for two months before any hemorrhage occurred. Their presence served to keep up a condition of passive congestion or subinvolution of the uterus, and this subinvolution affected not only the parenchyma of the organ, but also, as usual, the lining membrane became deranged, and in consequence thereof we have had a leucorrhœal discharge ever since. I believe if this patient were only put upon uterine and vaginal injections, it would be a long time before the leucorrhœal discharge was arrested; and it is very questionable whether she could ever be entirely cured by this means. But if we take this view of the case, that, owing to the presence of retained masses of the placenta, involution was prevented, thus giving rise to changes in the uterine tissue, and derangement of the mucous membrane, our treatment will be more intelligent and successful. I believe that this leucorrhœa could be rapidly checked by passing a curette up to the fundus, either after or before dilatation of the cervix (I do not think this case would require dilatation), and drawing it gently over both walls of the uterus. This process would probably result in displacing ten or twenty little growths over the lining membrane of the uterus, that is, fungoid growths, which being removed, the leucorrhœa would rapidly disappear. Now, you might ask the question, and it would be a very pertinent question, Why do we not have flooding if these fungoid growths are present? I answer, they may remain there a long time without the occurrence of hemorrhage, but hemorrhage is likely to occur at any time. This patient tells us that she carried two pieces of placenta in her uterus for two months, after her miscarriage, before any hemorrhage occurred, and in her present condition we may have hemorrhage coming on at any time. The point I wish to make is this, that in many cases of leucorrhœa you will accomplish more by one application of a dull wire over the lining membrane of the uterus, thus removing these little growths which keep up a flux of blood to the endometrium, than you could by any other plan of treatment. If this patient were under my care I would pass a curette cautiously and gently, but with sufficient force, to dislodge any of these fungoid growths on the inner wall of the uterus. After this I would keep her quietly in bed for forty-eight or fifty-six hours, watching her condition as to the

occurrence of pain or increased temperature. After this I would support the uterus by means of a pessary, and why? Because it would be getting lower and lower in the cavity of the pelvis whenever the patient went about her work; or, if she were a lady of leisure, the same thing would occur when taking the necessary exercise for her health. Consequently, I would put the uterus in a sling to relieve the pain due to downward traction, and to diminish the congestion of the uterus by preventing its dragging upon the ligaments which contain its blood-vessels. Having removed the cause of the abnormal condition of the lining membrane of the uterus, I would put her upon ergot or viscum album. This viscum album I have been using considerably of late, and find it very efficacious in many of these cases. I would employ it in the form of the fluid extract, for the purpose of making tonic contraction of the uterus. If this did not work, or if it disagreed with the patient, I would give twenty-drop doses, three times a day, of Squibb's fluid extract of ergot, and, I believe, by this means, gradually the subinvolution would be removed, and her leucorrhœa would soon disappear.

Our next patient is Mrs. Catharine M.B—, a native of the United States, forty-nine years of age; has been married twenty-five years, and has had one child, but no miscarriages; her child is fifteen years of age.

Q. "How long have you been sick, Mrs. B—?"

A. "I have never been well since the birth of my child."

Q. "How have you been complaining during the last fifteen years?"

A. "I have pain in my back and in my groins; am very nervous, and cannot sleep."

Q. "Anything else?"

A. "I perspire a great deal."

You see, gentlemen, she looks very pallid.

Q. "How about your menstrual periods—have they stopped?"

A. "Yes, sir, some years ago."

Upon feeling of her pulse, I find it excessively weak. She looks like a woman who has some serious organic disease, some pulmonary or renal disease, or something of the kind. She looks older than a woman of forty-nine years. She suffers from leucorrhœa. I have picked the cases which I present to you to-day, so as to call out the treatment of leucorrhœa. If you are going to cure cases of leucorrhœa—and these cases will follow you throughout your practice as gynæcologists—you must persist in trying to get at the cause of each case; and although this will not be possible in many instances, and you will find cases which will baffle all treatment, nevertheless it is the plan to be adopted as offering a clearer insight into the pathology of this class of cases. Now, what is it that is impoverishing this patient's blood?

Very likely the leucorrhœa has a great deal to do with it. The leucorrhœal discharge continues, although she has passed her menopause. She is thus losing a large quantity of the albuminous portions of her blood, in consequence of which her nervous system has become depressed. Her appetite is poor, and although I have not inquired in regard to her bill of fare, I think it is not a very prolific one.

Q. "What do you eat for breakfast?"

A. "I do not feel like eating much in the morning. I usually take a little bread and butter, with perhaps some preserves and coffee."

Q. "When do you eat your next meal, and of what does it consist?"

A. "I usually do not get hungry before three o'clock in the afternoon, and then I generally eat a small piece of beefsteak, together with bread and some vegetables, as canned corn, turnips, or potatoes."

Q. "When do you take your next meal?"

A. "I do not dare to eat much at night; I usually take a cup of tea, together with bread and butter, and some sort of sauce."

Q. "And is this a fair specimen of your daily diet?"

A. "Yes, sir."

Well, gentlemen, I have nothing to say about that bill of fare, other than I think every student of medicine, after graduating and before entering upon practice, should be kept upon it about two weeks, so as to impress upon his mind how these patients are kept sick. Just compare that bill of fare with what a man in active life eats; compare it with what an ordinary woman in active life should eat. You must remember that in this country this system of starvation is more general than in any other country. If you were to travel in England you would find no such bills of fare as this. The people there eat four or five meals a day, and of the most nutritious food, drinking a great deal of beer and wine.

Q. "What wine do you drink?"

A. "I do not take any stimulants whatever."

Now, the Americans, I think, have the misfortune of being the most temperate people in the world. The laboring classes do not take enough food and drink to sustain them in a condition of health. I am talking of a class, and not of the exceptions. The diet of American women, as a class, you will find is fairly illustrated in the case before you. You know we read of the rosy-cheeked, strong, and buxom country maiden, so frequently described by old English writers; but go into the farming districts in America, and do we find them? Not a bit of it. They live upon the same kind of fare as this patient, and in our country homes you will find women pale, lank, and showing absolute want of nourishment. Remember, I am not speaking as a reformer, but as a physician. If you want to cure these

patients, you will have to commence in the kitchen, and make them eat more food, and of a more nutritious nature. Unquestionably, one of the strongest points in favor of the "rest cure," introduced by Weir Mitchell, of Philadelphia, is, that these patients are fed every two hours. They all go there more or less starved; but, should one come there not in a starved condition, Dr. Mitchell would not submit them to this plan of treatment. One who is starved, immediately begins to improve under this course of treatment. But we have another element to consider in our present patient's case, and that is starvation due to loss of albuminous portions of the blood by this leucorrhœal discharge. I wish to impress upon your minds that one of the most important elements of treatment here is to feed this woman properly. If her diet were changed, and she were to eat fresh meat three times a day, together with other food, and between these meals take a tumbler of fresh milk, thus making six meals a day, if she were given iron, bitter tonics, beer, and ale, in addition to all this, we would find our patient changed entirely for the better in one month. This system of feeding up is what improves patients largely in our well-regulated hospitals. Very often the improvement in hospital patients is considered by the attending physician as due to the administration of remedies which he has recommended, when in reality it is owing to improved nutrition. I have not time to go into details concerning the diet of these patients, but I have told you enough to make you think for yourselves.

We must stop this leucorrhœal discharge; but how are we to stop it? Look at this patient and tell her that she is suffering from anæmia or spanæmia, and put her upon iron, quinine, and good diet, and send her away, at the same time telling her to avoid all local treatment. That is all nonsense, as hundreds of medical men who are to-day talking in this ridiculous way to their patients, follow that plan, and this patient will never get well, for you are pouring water into the mouth of a hogshead and leaving a spigot open below. As long as you allow this constant leakage of the albuminous portions of the blood, your tonics and nourishing food will fail to effect a cure. Now, let me tell you the result of my examination. I placed the patient upon her back, passed my finger up the vagina, and at once discovered a polypus hanging from the mouth of the womb. Iron and quinine will not remove that polypus nearly as well as a pair of scissors. If that polypus were snipped off now with a pair of scissors, we would be removing the cause of the discharge. It is called a cervical polypus, and is attached at the os internum. I suppose that polypus has been there fifteen years, or at least for several years—that is, I think it highly probable, for the

leucorrhœal discharge has existed fifteen years' and there is nothing else the matter with this woman's genital organs. If that polypus were removed, the leucorrhœa would be removed, and she would not lose so much of the albumen of the blood every day. This little mass is constantly moving like the clapper of a bell, and every time she gets up, every time she respire, it is rubbing against the endometrial wall. This polypus ought to be removed, and the patient ought to be treated in a general way. By so doing, I believe, as in the case which preceded, she might be entirely cured. You can scarcely believe that this is all that is the matter with the patient, nor can I; but I do believe it, just as you believe it. Very often the physician is inclined to overlook a little thing like this, just as the leper of old was inclined to overlook the river Jordan as a means of becoming purified.

As I was going to say, suppose I remove that polypus, and suppose I cure the leucorrhœa, then I will have accomplished what the patient desires, and afterward I can repair the damage which has been done her system, not only by this, but by diet and tonics.

Our next patient comes to us from a distance. Mrs. Caroline R—, a native of the United States, has been married nineteen years and borne nine children, and has had one miscarriage, which occurred at her last pregnancy, a year ago, since which time she has not been well.

Q. "What is the matter with you, madam?"

A. "For a year I have felt as if there was something wrong here in my left side."

She tells us that after her miscarriage a year ago, she had a flooding which prostrated her very much, and when she got up from this she lifted a heavy stove, and as she did so she felt something give way. To this she attributes the dragging sensation which she has experienced in her left side ever since. She says she feels very weak; that she has considerable pain, and that her bowels are constipated. You observe that this patient seems emaciated. She says she has been thin for several years, but never so much so as within the last year. Of course I at once proposed an examination, and found the vaginal canal bathed with leucorrhœa. You may say, do all these cases have leucorrhœa? Many of them do, but I have intentionally brought these cases before you to-day to impress upon your minds the fact that that condition which gives rise to leucorrhœa, and in consequence of which we have a flux of blood to the lining membrane of the uterus, can often be relieved by surgery. Upon examination, I found that the uterus had descended so as to project into the lower part of the vaginal canal, and this explains why she experiences a dragging sensation in her left side, but why it is confined to the left side I do not know; probably because one of the broad ligaments is more

sensitive to pain than the other, but why more sensitive I do not know. But now, to go a little farther: passing my finger up to the cervix, I found it torn to a little extent upon one side, and the mucous lining everted. Leucorrhœal material was pouring out of the uterus itself; it was not at all vaginal. The patient is very uncomfortable, very much run down, and this constant leucorrhœal discharge is sapping her strength. I will not stop to go over her bill of fare, but, from my knowledge of these cases, I am willing to take it for granted that it is about the same as in the other instance. Looking at her face, one would say she is certainly not a well-nourished person. In regard to this symptom, which is constantly robbing the blood of important elements, put this patient upon iron, quinine, and a good diet, together with vaginal injections, and send her home. Three years hence, if you see and ask her how she is, she will tell you she is a good deal better, but you did not cure her of the whites, and why? Because you have not touched that part of her case at all. Now, as in the first case, where the cause of the continuance of the leucorrhœal discharge, that is, fungosities upon the endometrium, with subinvolution of the uterus, was different from the cause which prevailed in the second case, namely, a polypoid growth in the cervical canal, so in this case there is an entirely different cause from that in either of the preceding cases, and that is ectropion of the lining membrane of the organ. If you will absorb the idea that to be a good gynæcologist you must be something of a surgeon, and if in this case you will simply snip this ectropion on each side and turn in the edges of the mucous membrane, you will cure this patient of leucorrhœa within two weeks after the operation, or certainly within four: not by any other treatment, but simply by removing the cause of the leucorrhœa, which, as I have already stated, is a slight laceration with ectropion. But when this is removed, will the patient be well? Not by any means. The vagina is lax, the perinæum is worthless and in a state of subinvolution. The traction on the posterior walls of the vagina may be overcome by means of a pessary, and a great deal can be done by the use of astringent vaginal injections, thus keeping the vaginal walls contracted. But repair of the perinæum will do more toward the cure of the case than anything else that could be done.

Our next patient is Miss Julia B—, who comes to our clinic to-day in company with her mother and aunt. She is a native of the United States, and is unmarried. She has been sick for six months.

Q. "Will you tell me whether you were in good health up to six months ago, miss?"

A. "Yes, sir, I was."

Q. "How have you complained during the last six months?"

A. "I have had a severe headache."

Q. "And how about your monthly sickness?"

A. "I have not had my periods for six months."

She tells us that she is troubled with backache and occasional rushes of blood to the head. She has also had the whites for a considerable time. Gentlemen, the case is before you; I will not add to the symptoms. Now, let us suppose you were in your office, not in the lecture-room of the College of Physicians and Surgeons, and just beginning practice, say next April or May. It is very important that you do full justice to all your cases, and equally important that you do justice to yourselves. The diagnosis here is very important, of course, and you have to be exceedingly careful to arrive at a correct one for many reasons. In the first place, you may, by not doing so, damage your patient, and in the second place, by not arriving at a correct diagnosis, you would fail to cure the patient now before you. When a patient with a history like this presents, of course certain thoughts pass through your mind. One would perhaps be, is this a case of amenorrhœa occurring in a young woman otherwise healthy—amenorrhœa from some unknown cause, perhaps from some nervous state; and this amenorrhœa would perfectly account for her symptoms—the rush of blood to her head and backache, which is increased in severity at those times when she ought to menstruate, etc.? Well, you may accept this theory, but be careful how you act upon it. I proposed a more thorough investigation in this case, and the patient at once consented to an examination into the condition of the pelvic organs. I discovered an abdominal enlargement extending up to the umbilicus. In some cases of amenorrhœa you will find abdominal enlargements, and these are most commonly in hysterical patients, and hysterical patients almost always have tympanitis; so there is nothing remarkable about the fact that an abdominal enlargement exists. I proceeded to investigate farther, and placed one hand upon the surface of the abdomen, and with the other percussed, expecting to get a drum-like sound, but I did not. The sound elicited was of something solid, and so I said to myself, this is not hysterical tympanitis, for there is no drum-like resonance. At once vaginal touch was practised, and the cervix discovered to be soft, with the os dilated. Now, other diagnoses presented themselves to view, and I began to feel that it was one of those cases in which a mistake would be particularly disadvantageous both to patient and physician. In your office it would be much more so than here at a college clinic. Is there any way by which we can arrive at a certain diagnosis in this case? She has been amenorrhœic for six months, and the best way of arriving at a correct diagnosis under these circumstances is to place your finger upon the

anterior wall of the uterus, just above the os internum, and push upward, and if you feel a round hard mass lifting itself up and dropping upon your finger, then you can be almost absolutely certain of your diagnosis, because there is only one other condition which gives you this, namely, abdominal dropsy, with a small fibroid rolling around in the abdominal cavity, which, when you press it up, rolls about and drops upon your finger. I have had two cases of this kind in my own experience. Cazeaux declares he has seen a case of an anteflexed uterus giving this sign. I have never seen such a case. Examination of the cervix revealed softness and enlargement of the canal, and, in addition, we have the usual mammary and gastric signs, and our diagnosis is complete. (Exit patient, mother, and aunt.)

I have tried to deal as much as possible in technical terms while speaking of this case, so as not to embarrass the patient, or her mother and aunt. The young woman is six months pregnant, and is just as innocent of the knowledge as you were when she came into the room, and she is still the same way, for all that I have said is as Hebrew to her, her mother, and aunt. I am as sure that there is a fœtus in the uterus of that young woman as I am that there are a certain number of gentlemen on the benches in this room, and that that fœtus is about six months old. Without expecting a confession, at my request, after the girl went out, Dr. Hunter told her that she was pregnant, and asked her if she had been exposed, to which she replied, yes. She is a *rara avis*, she tells the truth! You remember I told you you would have to be very careful how you announced your diagnosis in such a case as this. You are sitting in your office, and you are just about as sure of your diagnosis as I am of mine, and perhaps it is one of the first you have made, and on that account you are all the more anxious to announce it; but be careful how you do, for in all probability your patient will assume to get excessively angry, and denounce you as an unjust accuser; her father, mother, and all her relatives will do the same; they will take it as a matter of personal insult. They will do this when they know you are telling the truth. The girl will be spirited away for two months or so, and when she returns she will come back to you and will tell you that you made a horrible mistake, and nearly ruined the family; that she has been examined by other physicians, perhaps by some in your own town, who will rather be delighted with the opportunity of saying that she is not pregnant. This may be so now, but she was pregnant when you examined her. Beware of it! The case we have seen to-day is a rare exception to the general rule, for you will find ninety-nine women out of every hundred will swear to the very last that they know nothing

of the matter. One of these cases came under my notice some years ago. I made a diagnosis of pregnancy in a young woman from the lower walks of life, but she declared that it was preposterous, that it was not possible for anything of the sort to exist, as she had not been exposed in any way. She was so violent in her assertions that I accused her falsely, that I felt it my duty to defend my position. At my instigation she entered Bellevue Hospital, and when she was confined I was present and delivered her. When the child was born, and while yet attached to the placenta by the cord, I said to her, "Do you confess? She replied, "No, I do not; you put that child there."

Now, gentlemen, as physicians you must protect yourselves as well as possible against the occurrence of such complications as I have just detailed. You may ask how is this to be done? It is a little difficult to answer; but I would say, if you are a beginner, and cannot stand upon your own merits in the case, it would be best, before announcing your diagnosis, to have a consultation, and commit some other man to the same diagnosis to which you have been committed. By so doing you will fortify yourself against attacks which would otherwise prove damaging to your professional reputation.

ON THE TREATMENT OF CHOREA.

By Dr. W. H. DAY, Physician to the Samaritan Hospital for Women and Children.

With regard to the treatment of chorea, rest in bed is the first and most important step to observe. In many cases drugs exert only a secondary influence, rest, warmth, and proper food being all that are required; but the class is by no means small in which iron, quinine, arsenic, phosphorus, and strychnia fail as remedial agents. I have given sixteen drachms of the succus conii in twenty-four hours, to a girl ten years of age, without producing dimness of vision or dilatation of the pupil; indeed, the patient was no more affected than if she had taken water only.

Chloral hydrate has been recommended in large doses in violent chorea. The principle of treatment was to give thirty grains, and to repeat the dose, or half of it, if the patient did not obtain ten hours' sound sleep in the twenty-four. On waking, a second dose was given in proportion to the ascertained effect, but always less than the first. On waking again another dose less than the second, and so on till the amount of sleep had been obtained, when the chloral was discontinued till the next night. Of two patients so treated, aged eighteen and twenty, one was completely cured in one day, and the other, on the fourth day. In a case of acute chorea in a girl of nine, I found

that five grains given every night produced tranquil sleep, and it was unnecessary to continue the drug beyond a week. In another case a girl, thirteen years of age, suffering from most severe chorea, began to take ten grains every four hours on admission, as she was much exhausted, and the mother stated she had not slept for a week. In the first twenty-four hours after commencing the drug she did not obtain more than two hours' sleep; then it was given every two hours. After following this treatment for another twenty-four hours, my report says, the effect of the chloral has been to induce sleep for ten minutes at a time, but the least noise woke her. The effect has also been to raise a small weak pulse from 60 to 72 and 76 per minute, and the respirations to 20. Towards the close of the day her sleep became so sound that the eyelids could be moved upwards and downwards for some seconds before reflex action was excited; then she would screw up the eyelids, and relapse into sound and heavy sleep for an hour. The remedy was gradually discontinued as natural sleep returned, and the cure was completed by large doses of sulphate of zinc.

There can be no question whatever that hydrate of chloral is a valuable remedy in some cases of chorea, particularly in those where vascular excitement is present and the pulse is good. Dr. Althaus considers that the theory of chorea is explained by active hyperæmia of the corpora striata and the parts surrounding the fissure of Sylvius, and that the beneficial action of hydrate of chloral is to be attributed to the anæmia which it produces in the structures. Its danger as a depressant is nothing compared to the repose and rest which it ensures to the nervous system, lessening as it does in suitable doses the extreme agitation of the limbs, and the violence of the choreic movements. Sleep so obtained gives the necessary time for repair to the over-excited parts, and will be found to succeed when the morphia yields no result.

Dr. Drummond, of Newcastle-on-Tyne, cured an obstinate case of chorea, in a girl seven years of age, by the subcutaneous injection of *curara*. He commenced with an aqueous solution of gr. 1-40 for two days, increasing the dose on the third day to gr. 1-20, and the next day to gr. 1-10, on the fifth day to gr. 1-8, and on the sixth day gr. 1-5, by which time the patient had recovered complete power over the voluntary muscles. Two days later gr. 1-4 was administered, and there was no return. (*Brit. Medical Journal*, June 15, 1878, p. 857.) In a chronic case of chorea which was admitted into the Samaritan Hospital, under my care, in October, 1878, I determined to try the effect of *curara*. The patient was a girl eleven years of age, and had been under my care on three previous occasions with the same disease. There

was incessant agitation of the arms and legs, and it was necessary to keep her in bed. The heart's action was rather excited and thumping, and there was a soft systolic bruit over the apex. After taking hypophosphite of soda and iron, as well as cod-liver oil, she was not manifestly better, and any excitement or conversation would make her very fidgety and increase the muscular movements.

On the 15th of October I injected into the right forearm gr. 1-60 of curara with the following effect:—

16th. Ten a.m., no effect; 11 a.m., gr. 1-40 injected; 2-30 p.m., no change, pulse 72, gr. 1-30 injected; 6.45, since the injection she has been much quieter and is lying perfectly still, with complete command over the limbs; pulse 80, inclined to sleep.

17th. She passed an excellent night, and slept better than she had done for some time and past, but agitation was returning in the arms, I now injected gr. 1-20 at 10.45; at 6.45, as there was no further improvement, I injected gr. 1-10.

20th. No injection used to-day, but after 2 p.m. the limbs became more agitated, and the facial muscles were more active.

21st. The mouth, hands, and legs were in greater motion. The effect of the curara has been to keep her quiet for twenty-four hours, and then it has passed off.

I must admit that this drug fully answered my expectations, and I should be disposed to employ it again when the agitation is great, because it controlled the movements, and caused neither headache, sickness, nor any unpleasant symptoms. One difficulty is the alarm which the injection causes. Lastly, I should like to say a few words about *sulphate of zinc*, and what I have noticed concerning its action. Small doses are sometimes utterly useless, when large doses succeed; and if it is determined to try the remedy at all, it should not be set aside till the latter have had a fair trial. I have given this drug in doses of from one to five grains three times a day, and continued it for a week without producing any effects, and the remedy has so repeatedly disappointed me that for some time I ceased to employ it. This most likely arose from giving it in too small a dose. Sir T. Watson gave it successfully in ten-grain doses three times a day, in a severe case which had resisted other remedies. There can be no doubt that zinc sometimes succeeds where iron and other remedies fail. In prescribing it, the dose should not exceed a grain three times a day to begin with, and should be gradually increased till there is nausea, or an amelioration of the symptoms. In a chronic case which was temporarily relieved by the hypodermic injection of curara, I began with two-grain doses twice a day, increasing the dose daily, till on the ninth day the patient was taking 18 grains. For the first time this controlled the muscular agitation,

improved her voice and appearance, and caused no sickness. On the tenth day, she took twenty grains three times a day, and on the twelfth day forty grains twice a day, without causing the least unpleasant symptom. The heart on admission was rather unsteady, with a soft apex bruit, which I attributed to debility, it was now quiet and regular, and the murmur had entirely disappeared. In another similar case no benefit resulted from large doses of sulphate of zinc, and the patient only became slightly sick when taking ninety-six grains daily in three doses.

I must urge, in conclusion, that the more we look at chorea from the neurosial side, the more we realize its origin in anæmia, debility, and all sources of exhaustion, the more successfully shall we be able to control and to cure it. I believe that a blind credulity in its rheumatic origin, of which we still hear so much, is a serious mistake to entertain, because it induces us to overlook a cause of far greater frequency, and leads to a line of treatment which I have satisfied myself on several occasions has further tended to impoverish the blood and aggravate the irritability of the nervous system.—*Dublin Medical Press and Circular.*

A NEW METHOD OF RECTAL ALIMENTATION.

By F. E. STEWART, PH.G., M.D., New York.

In my article published in *New Remedies*, Vol. VIII., No. 12, entitled "A New Method of Rectal Medication," calling attention to rectal (gelatin) capsules, and the oleates of the alkalis per rectum, the absorbent power of the intestinal mucous membrane was quite fully discussed. Advantage has long been taken of this power for the purpose of alimentation as well as medication, and although the rectum as an absorbing surface is inferior to the stomach, and for obvious reasons not fitted to take its place as the organ of digestion, still this power of taking up food is of great importance when for any cause the stomach is incapable of performing its function.

For alimentation the rectum can be resorted to as an auxiliary organ to the stomach, or it can be used for a time as a substitute for it, in supplying the system with food. It is to the former we wish to call attention, and to desiccated defibrinated blood as an agent especially adapted for rectum alimentation.

But, before proceeding, an explanation is necessary. For more than a year past the writer has been experimenting with defibrinated blood as an aliment in disease. The subject was suggested by the popular idea that warm, fresh, defibrinated blood, quaffed at the butcher's shambles, is remedial in consumption and other wasting diseases. Investigation of this singular practice certainly does show that

many cases are remarkably benefited by it. This, of course, can be accounted for in many ways without referring it to the blood—the healthy outdoor exercise of a walk, or ride, to the abattoir, or diversion of the mind by so novel a remedy—but it cannot be denied that defibrinated blood is rich in the elements of nutrition, and the resulting benefit of its use is out of proportion to the novelty of the medicine, or healthy exercise in obtaining it.

To utilize, therefore, what appeared to be a valuable product, a process was devised for drying it quickly to prevent decomposition, and at a low heat. After shipping a large invoice of this desiccated blood to Detroit, to be used as an aliment, I discovered that Dr. A. H. Smith, physician to St. Luke's Hospital, New York City, was also at work with defibrinated blood, and had proved its therapeutic worth in more than sixty cases. At my request, Dr. Smith substituted the dried article at St. Luke's, where it is now on trial and appears to be of equal worth to the blood before preparation.

This, then, will explain the reason why desiccated blood is brought to the notice of the profession as a new article for rectal alimentation.

There are three ways by which blood can be introduced into the system—per orem, by transfusion, and per rectum. The last named seems, for many reasons, the least objectionable. Naturally enough, drinking blood is disgusting to patients. Transfusion, even in the most careful hands, is not devoid of danger. But injection per rectum is an easy and safe operation, which can be frequently repeated without risk of injury.

Blood per rectum has also the advantage possessed by transfusion of not being subject to the changes incident to the process of digestion.

Various articles are used for rectal alimentation—milk, albumen, and lately albuminose has been recommended. To be of any use to the system they must be taken into the circulation, converted into blood, or else substituted for it. Blood is the product of digestion, and it is supposed that before food can be converted into blood, the saliva, gastric, pancreatic, and intestinal juices and bile must perform their action, absorption must take place, and, finally, that wonderful, vital constructive process by which the corpuscles are made, and the blood is fitted to perform its part in nutrition. If this be all true, blood cannot be manufactured from these articles when injected into the rectum, and their beneficial effect must be accounted for in some other way. It would seem, therefore, that blood itself, for rectal alimentation, if absorbed, would be more suitable to meet the wants of the system.

Blood is the food and air of the tissues. As it is the province of the vegetable world to convert the elements of surrounding nature into organic forms fitted for food, so it is the pro-

vince of digestion to convert food into blood to feed the vital organs. Blood is therefore called the *vital fluid or the life*, and its presence in the vital organs is indispensable to their function. Only a momentary arrest from the brain results in syncope, or fainting away, and any organ deprived of it soon loses functional activity. Supplies for the growth and repair of the whole body are in the blood. Blood is but the body in a liquid state. Being, therefore, perfectly adapted to build and construct tissues, and indispensable to life, its administration would seem to be indicated when tissues are wasted and life is threatened by disease.

Like other vital organs, the nerves depend directly on the blood for their functional activity, and deprivation results in morbid phenomena. Close physiological relations exist between the red globules of the blood and the healthy life of the nerves. This relation is probably between the hemoglobine—the red coloring matter of the blood, which forms the principal substance of which the red globules are composed (about 25 to 30 per cent. of their weight, or 86 per cent. of their solid ingredients)—and the nerves. A morbid diminution of the red globules is designated anæmia. As the action of every organ in the body depends upon the nerves, it naturally follows that if they be impaired there is a general deficiency of functional energy. All the vital functions are languidly performed. The action of the heart is feeble, and easily disturbed. Mental energy, strength of will, and purpose, are diminished. Neither can the action of impaired nerves on the secretory organs manufacture healthy digestive fluids for the preparation of food to be converted into healthy blood, so necessary for nerve supply. Then, too, the brain sympathizes in this condition, and the mind, becoming affected, in turn reacts on the nerves to increase the disorder.

Nutrition is directly under nerve control. Every secreting cell, every absorbing villi, the inherent power of each tissue to select from the blood appropriate matter for its repair, even the muscles for respiration, are supplied by artery and vein, with nerve to guide their action, for the purpose of furnishing them with blood, to be used for building new tissue, and to impart nerve-force to repair that lost in the exercise of their functions.

Desiccated blood is therefore suggested for rectal alimentation, when the life-powers are threatened by asthenia, due either to loss of blood, loss of nerve-power, or to both. It is indicated in all cases where, for any reason, digestion is impaired, in cachectic states from special constitutional poisons, and in all cases when impaired blood, nerves, or digestion give rise to the anæmic condition, with its resulting general debility, hypochondriasis, or other functional disorder.

It is hardly reasonable to infer, and clinical experience does not justify us in believing, that blood is absorbed from the rectum without a breaking down of the corpuscles; but there are good reasons to suppose that it enters the system without marked chemical change, and it has been satisfactorily proved by Dr. Smith, and other scientific physicians, that its use is remarkably beneficial to patients. How much this is due to the hemoglobine and its action on the nerves, remains an interesting matter to determine.

Blood for rectal alimentation must be from healthy animals. Inflammatory blood from diseased cattle will not do, or blood from animals fatigued from long journeys. None but powerful, vigorous bullocks, fed and rested until the heart's action regains its accustomed tone, should be selected for this purpose.

Killing must be done in a manner to secure healthy blood. This can be accomplished only by bleeding to death. Striking on the head, or in any other way causing death from apnœa, prevents a proper arterialization of the blood. Blood from animals killed in this manner, or the inflammatory blood from diseased cattle, is unfit for use in the arts, and therefore must be too imperfect for employment in therapeutics.

Great care also must be taken in the preparation, due attention being paid to all chemical and vital phenomena. Long exposure to the air in a fluid condition, or too high heat, not only decomposes, but devitalizes it, and if the heat be raised to 160° F., coagulates the albumen. No heat above 110° F. should be used in the drying of blood, and the process should be as instantaneous as possible, and without agitation.

Desiccated blood, as thus prepared, is completely and readily soluble in water at all temperatures below 160° F., and contains all the elements of blood, except water and fibrin. The loss of the latter does not seem to impair its nutritive value, being but a very small proportion of the nitrogenous constituents of the blood.

A little more than a drachm of the dried article is necessary to represent a fluid ounce of blood of ordinary specific gravity, but it is sufficient to remember, in using, to employ a drachm to the ounce of water. To dissolve, it should be thrown into water, and allowed to stand until albumen becomes perfectly soft, to prevent sticking to stirring-rod or dish. Gentle agitation will then convert it into a perfectly homogeneous fluid, closely resembling fresh blood. It is a very difficult matter to dissolve dried blood by pouring water upon it, for it immediately adheres together in lumps, and sticks to everything brought into contact with it.

From four to six drachms of the powder daily, or more, is the dose, which may be given at once, at bed-time, or in divided portions dur-

ing the day, as circumstances seem to require.

If a greater amount than can be absorbed be injected at once, and decomposition result therefrom, it is advised to wash out the rectum with tepid water before continuing the medication.

For further information on this subject, the reader is referred to Dr. Smith's paper, read before the New York Academy of Medicine, to his paper before the Therapeutical Society, and to the minutes of these respective societies for their action in the matter.

The *Medical Record* and *New York Journal* have reported on these papers, and are also referred to as containing very nearly as full information.—*N. Y. Medical Record*.

TRANSFUSION WITH DEFIBRINATED BLOOD.

To the Editor of *The New York Medical Record*.

Sir:—The interest awakened by the successful employment of defibrinated blood, *per rectum* as a valuable auxiliary in the treatment of disease, leads me to call attention to the experiments of Prof. Ponfick,* which have not been recorded, to my knowledge, in any of our journals, and which seem to open a new sphere of usefulness for this agent. I allude to the intraperitoneal injections of defibrinated blood, which Prof. Ponfick ranks as a simple and effective method of transfusion, devoid of the difficulties and dangers attending the ordinary procedure of transferring the blood directly from one person to another.

For some years back Prof. Ponfick, by way of experiment, had been injecting defibrinated blood into the peritoneal cavity of dogs, and noticed that the reaction following was hardly perceptible, while the absorption of the injected fluid was exceedingly rapid. Encouraged by these uniformly favorable results, he has lately employed this novel method of transfusion in three patients with perfect success, the only phenomena following the operation being a slight febrile movement and abdominal pain, both of very short duration. The quantity injected was 250 grammes in the first case, 350 in the second, and 220 in the third patient, and Prof. P. thinks that a larger quantity of blood can be introduced without any strain on the heart, lungs, or brain, owing to the gradual manner in which the absorption of the defibrinated blood is effected.

The apparatus employed is identical with that used by Prof. Thomas for intra-venous injection of milk, and the whole procedure consists in the introduction of the canula through the abdominal walls into the peritoneal cavity, and then allowing the required quantity of blood to flow in.

Should further experience with a larger number of cases be productive of the same happy

results obtained by Ponfick, and the direct entrance of the injected blood into the circulation be established by ascertaining the quantity of red corpuscles in the patient's blood before and after the injection, this simple method of transfusion, requiring only ordinary skill for its performance, can be applied to many others than extreme and desperate cases, and defibrinated blood will fulfil an indication not second in importance to that of supplementary retal alimentation, which, until now, it has so admirably served.

A. B. DE LUNA, M.D.

368 WEST THIRTY-SECOND STREET.

• Med.-Chir. Rundschau, and Rev. de Med. y Cirugia de Madrid, Dec., 1879.

THE PREVENTION OF MAMMARY ABSCESS.

In the *Edinburgh Medical Journal*, June, 1879, Dr. W. A. Jamieson, writes:—

When conception has taken place, among the earliest symptoms of its occurrence are those manifested by the mammary glands, evidenced by stinging or pricking sensations, increased fulness and weight, and all those objective alterations in the areola and nipple so often described. These subjective feelings appear to me to be Nature's summons to attention,—a prayer for aid in assisting to prepare the gland for the important office to be discharged by it in furnishing food for the infant after birth. Yet, in most cases, how little note is paid to the warnings thus given! While all sorts of instruments have been devised for drawing out the nipple after parturition, it has been in great measure forgotten that all this painful and troublesome process might have been avoided by systematic regular attention to the nipple during pregnancy. This should consist in washing the nipple once or twice *every day* with soap and warm water, during which ablation the nipple should be pressed and drawn out; and further stimulation should be excited by rubbing rather firmly after drying with *eau de Cologne* or equal parts of brandy and water. It is not often that we have the opportunity granted us of recommending the commencement of this procedure very early in pregnancy, but when we are engaged to attend at the approaching confinement we ought to make a point of giving these directions, which are invariably gratefully received. Though more absolutely necessary in the case of primiparæ, they are almost as valuable in multiparous females, and should also be impressed on them. Besides the mere mechanical influence exerted by friction and manipulation, a further effect is produced by the frequent direction of the thoughts to the breast and nipple. Dr. Carpenter quotes Sir H. Holland's remark, that the "strong and con-

tinued direction of the attention to a part in all probability affects either its innervation, or its circulation, or both." Mr. Heath, in his *Lectures on Diseases of the Breast*, says, "that friction, if prolonged, will induce hypertrophy not merely of the nipple, but of the breast, is shown by a case which came under my notice some years back, in which the lascivious manipulations of a lover extending over many months had resulted in a veritable hypertrophy of the whole organ." We have ground, then, for believing that this treatment of the breasts during pregnancy seems to afford legitimate scope for the influence of "expectant attention;" to be really useful, however, it must be thoroughly carried out and persevered in daily till labor sets in. When these measures have been faithfully followed, we have a means of judging whether a nipple is hopelessly atrophic, and unfit to nurse with or not, when we examine the breasts after delivery is completed. If no reaction has followed; if the nipple remains flat, and especially if, on pressing our fingers behind it, it conveys the sensation of being firmly bound down, the probability is great that attempts at suckling, at least with that breast, will be fruitless, and if persevered in, will almost certainly end in abscess. Cautious, very cautious, attempts may indeed be made all the more freely if some milk can be squeezed from the nipple, but we must be actively on the alert for a more than possible failure, and be ready to apply cooling lotions—belladonna, perhaps leeches, or gentle elastic pressure to limit the first symptoms of congestion of the organ. I have several times in former years seen abscess result from ill-judged persistence on the part of the nurse to induce a mother with an imperious nipple to continue attempts at suckling. It is good policy, then, to desist in time.

When the nipples have been prepared for the demands of nursing in the mode described, it is seldom that fissures or hacks of any moment arise during its performance. But when such measures have not been adopted during pregnancy, and even in spite of them, when the skin is delicate, or the infant's mouth is affected with aphthæ, cracks and abrasions of the nipple take place, and must be promptly treated, otherwise abscess is very likely to supervene. The remedies for sore nipples are innumerable; having tried most of them with various success, I have for some time employed one only, which has rarely indeed failed to effect a speedy cure, provided the case has not been too long of being attended to. The *collodium flexile* of the Pharmacopeia answers every indication; it forms an efficient protection from the air; by its contraction, tends to draw the margins of the fissure together, and does not injure the infant—a most important point not always regarded in some of the remedies recommended. The collodium flexile may be painted on several

times a day, the nipple being first dried, and the sides of the crack pressed together. When the child is put to the breast the film covering the point of the nipple may be peeled off, so as to allow the milk free egress from the mammillary tubules.

When an organ in the discharge of its function is strained, either from inherent weakness in itself, from debility of the general system, the contractile power of its vessels is lowered, and a form of congestion is induced, which may go on to the formation of abscess. This is especially apt to occur in the mammae of weakly or ill-nourished women, and here the prophylaxis of abscess consists in the recognition of this fact. When efforts at suckling are attended with pain in the breast, and down the arm on its inner side, or the gland feels, after feeding the infant, tired and strained, and more particularly if the mother herself seems to suffer in health and appetite, and develops hysterical symptoms, the attempt to nurse should gradually be given up.

TREATMENT OF INFANTILE CONVULSIONS.

Dr. Charles Bell, in *Edinburgh Medical Journal*:

The first object in the treatment of convulsions is to allay the spasm, and to restore consciousness. This is generally effected by means of a hot bath, and at the same time applying some pungent substance to the nose, such as ammonia. Should these not be effectual in restoring sensibility and overcoming the convulsions, we must have recourse to the application of chloroform. Having overcome the convulsions, we should then endeavor to remove the cause, which is most commonly something irritating the alimentary canal. If the child has recently taken a full meal, an emetic ought to be given as soon as the patient is able to swallow, and the best kind under the circumstances is a full dose of ipecacuan according to the age of the child. If the bowels are constipated, an aperient should be given, either of calomel or castor oil; but as it is important that the bowels should be moved quickly, an enema or a suppository should be administered without delay. Cold should be frequently applied to the head if there is much heat, while the feet are kept in warm water, or mustard poultices should be applied to the calves of the legs. If there is much excitement in the circulation, leeches may be applied with advantage, although M. North prefers venesection or cupping, as he says that he has never seen a well-marked case of congestion removed by leeches. But the use of the lancet or cupping-glasses is very questionable in young children, from the certainty of producing crying, which inevitably

increases the congestion. Some authors have advised the use of opium and blisters, but such remedies are extremely hazardous in very young children. If the child is teething, and the gums seem red and swollen, they ought to be scarified. If there is reason to suspect that worms are the cause, turpentine should be given in milk, or it may be given in the form of an enema.

After the attack is over, bowels should be kept regular by mild aperients, and the most useful are moderate doses of rhubarb, and potash, which, besides regulating the bowels, will act as a diuretic. Change of air and the use of small doses of chalybeates, along with light and nourishing food, will be very beneficial.

Prognosis. When the fits are moderate and of short duration, and the natural cheerfulness and lively expression of countenance soon return, the case may be considered extremely satisfactory; but if the convulsions are long-continued or of frequent occurrence, and the child continues to be dull and heavy, with an anxious expression of countenance, there is reason to apprehend great danger.

LUNAR CAUSTIC IN THE TREATMENT OF OPHTHALMIA.

Dr. W. A. Macnaughton writes to the *Medical Times and Gazette*: There are certain inflammatory conditions of the eye which, owing perhaps to constitutional causes, are often very perplexing in their treatment. There is, for example, no complaint of its kind more obstinate than the scrofulous ophthalmia of children. In these, and in all cases where the simpler remedies have failed, I would recommend the application of the solid nitrate of silver to the supra-orbital surface as a speedy means of cure. Seeing that the remedy is applied in close proximity to the affected organs, it will be admitted that this is a more rational mode of relieving ocular inflammation than the distant counter-irritation behind the ears recommended in the more obstinate forms of this disease. As a matter of fact, I have observed excellent results in cases where the irritation and intolerance of light had persisted for months. The mode of application is simple. The caustic point is firmly applied over an inch or so of the previously moistened integument above the affected eye, but when both are concerned, I cauterize a narrow strip across the whole supra-orbital region. This causes a slight smarting sensation at the time, which soon passes away. The stain which results can readily be removed afterward with a strong solution of iodide of potassium. It is advisable, while this treatment is being progressed with, to exclude the light from the eyes by means of a shade.

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

ASSISTANT EDITORS:

R. A. KENNEDY, M.A., M.D.

JAMES PERRIGO, M.D., M.R.C.S. Eng.

EDITOR OF PHARMACEUTICAL DEPARTMENT:

ALEX. H. KOLLMYER, M.A., M.D.

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ATHLETIC SPORTS.

Now that the winter's sports are about closing, it may not be out of place to say something about them and how they are indulged in. Athletic exercise of every kind is more or less necessary to the human being. By it, the muscular system is kept in a good state of nutrition, and the internal organs perform their functions more regularly. This desired condition of health will continue as long as athletic exercise is indulged in with moderation and consistent with each individual's physical powers. To become an athlete in the true sense of the term is not in the power of every one. This power belongs only to those of a strong robust constitution, and even they have to begin slowly and systematically before they attain the desired standard of muscular strength. This standard is very easily lost by any relaxation of the system of training, in fact more easily lost than gained. When we say "system of training," we mean strong physical exercise and good diet, and not that exercise and semi-starvation that is the rule with some clubs before their boat races. We are of the opinion there is too much of the starvation idea carried out in the training. Thus is witnessed how soon a man becomes puffy and regains *embonpoint* when he gives up training. The mistake is made by relaxing all systems too quickly, and returning to a diet from some of which he should never have been restricted. Bodily

exercise, to give the greatest amount of benefit, requires to be performed in a sound state of health and at proper intervals. This exercise should not be forced, it should be of that nature to give pleasure so that both the mental and physical powers should be in harmony.

We have in Montreal several clubs for young men, some for snow-shoeing, lacrosse, base-ball, and cricket playing. All are good, and it is desirable that young men should belong to them, but they are not an un-mixed good, inasmuch as the seniors do not sufficiently guide the exercises of the junior members. The juniors attempt too much at once, and are ambitious to be equal to the older men who are better trained. We are prompted to say this, on account of having had several cases of valvular lesions from over-straining.

Violent exercise, as lacrosse playing, should not be undertaken with the stomach empty, as it leads to a feeling of faintness and headache during the remainder of the day. A light meal should always be taken beforehand, and yet we fear that most of the practice of lacrosse in this city is done before breakfast, to the detriment, sooner or later, of some of the players. It is impossible that young men who are behind a counter, or in an office all day, can be in a properly trained condition for violent exercise, such, for instance, as the evening race across the mountain on snow-shoes. We have not the slightest intention to decry athletic exercise, but we would earnestly caution young men to begin slowly, and systematically increase the amount of work, so their hearts and blood-vessels will not have a greater strain on them than they can bear.

MEASLES IN MONTREAL.

An epidemic of measles has existed in Montreal during the last two months to an extent almost unprecedented, certainly unprecedented during the last twenty years. Fortunately as a rule the disease is of a mild type, but in some it has been exceptionally severe, the laryngeal cough being violent and excessive. Another very prominent symptom which we have noticed in many cases was vomiting, commencing with the first symptoms and continuing until the eruption began to disappear. This seemed to be due

not to the laryngeal irritation, but to the amount of poison in the blood. Ear ache was a very common and troublesome symptom, and where most intense generally left behind it considerable deafness. As a rule the eruption has been unusually profuse, and more raised and in patches than is generally seen. The disease has, much to the amazement of mothers, attacked many who unquestionably had it before. We see no sign of the epidemic abating, for scores of new cases seem to be developed daily.

We notice also that in other portions of Canada the disease is equally rife, also that in various parts of England it is very prevalent.

COOK'S GRAND EXCURSIONS TO EUROPE.

People who contemplate traveling in Europe will consult their own interests by investigating the grand Excursions arranged by Messrs. Thomas Cook & Son, of London and New York, for the year 1880. We have before us a handsome pamphlet of 64 pages, just issued by the above firm, giving full particulars of their Tours, with details of routes and rates, which include all necessary expenses of travelling from the time the Tourist leaves New York till his return. A handsome Map of Europe shows the routes which Cook's Parties will follow.

Three Grand Excursions will leave New York for Europe during the Spring and Summer. The first is the "Annual May Party," which will leave April 29th. The second is the "Annual Educational Vacation Party," specially arranged for Teachers and Students, and leaving New York July 3d. The third is Cook's "Mid-summer Party," which will leave New York July 31st. The two last Excursions give the choice of three routes. Each of these three Grand Excursions will be under the personal supervision of capable and experienced Conductors, and it is announced that there will be no crowding on the steamers, only two persons occupying a state-room.

Many people have fallen into the error of supposing that to secure the advantages of Cook's system it is necessary to travel in parties and by arbitrary routes. This is not so. Three-fourths of the enormous business of the firm consists in supplying *single travellers* with

International Traveling Tickets by all chief lines of Steamers and Railways to any part of the Globe.

Private Family Parties can secure very favorable terms, with choice of routes and many advantages, by availing themselves of the admirable system which nearly 40 years' experience has enabled this firm to perfect. We have not space for a more extended notice of the interesting pamphlet from which we have culled these facts.

We notice many useful hints for tourists, brief descriptions of the principal cities of Europe, and a very useful table, showing the comparative value of United States and European Currencies.

The book in question will be sent *free* by return mail on receipt of stamp for postage. Address Thomas Cook & Son, 261 Broadway, New York.

A correspondent sends us the following item, for the truth of which we, however, do not vouch. It is said that Laval University have a large fund accumulated to be given to the Montreal General Hospital. This sum is to be given by \$100 instalments by different parties, who will then be necessarily elected as Governors, and thus that University will be able to bring forward one of its Medical Faculty as a candidate when a vacancy occurs on the Medical staff. The sum is supposed to be about \$5,000.

CASE OF QUADRUPLTS.

Dr. Downey, writing from Topeka, Illinois, the beginning of March, to the *Philadelphia Medical and Surgical Reporter*, says: "On December 4th and 5th, 1879, Mrs. Doha, a German woman, living six miles south-east of this village, gave birth to four well-developed living children. The first was born at 3 p.m., on the 4th December, the second at 10 a.m., the third at 11 a.m. and the fourth at 12 m. on the 5th December." The mother died the following day, and as the case was attended by an incompetent mid-wife, no details of the arrangement of the placenta or membranes, or the cause of death are obtainable. At birth the four weighed 25 lbs., the smallest five lbs. and the largest 7 lbs. The children are now in their fourth month, and when Dr. Downey wrote, they were all strong and healthy, with as good prospects of living as any infant of that age.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

The Preliminary Examination for admission to the study of Medicine in this Province will be held in Montreal on the 7th of May.

The meeting of the Board of Governors, for granting licenses and other business, will take place in Montreal, on the 12th of May. We direct attention to the advertisement concerning both these meetings, which will be found in this number.

OBITUARY.

We deeply regret to hear that Dr. Aaron Ansell (C.M., M.D., Bishop's College, 1878) died suddenly at Panama, United States of Colombia, on the 2nd of March. After graduating at Bishop's College, Dr. Ansell at once proceeded to Falmouth, Jamaica, where his wife (a native of the place) and his family were residing. He began practice, and was meeting with good success, when he received a cordial invitation from many of the leading inhabitants of Panama to settle there. This invitation was subsequently rendered more tempting by a considerable yearly income being guaranteed to him. This decided him, and leaving his family (who were soon to follow) he sailed for Panama. He had barely more than arrived and entered upon practice when death came suddenly upon him. Dr. Ansell graduated at the University of Georgetown (Washington) and entered the American Army, being present at the first battle of Bull's Run. He also saw much other service. He continued in the American Army till 1868, when he resigned and settled in Mexico. In 1872, he removed to Texas, being engaged in extensive practice at Corpus Christi, where he was held in very high esteem. He had, however a strong desire to settle with his family in Jamaica, but to do this legally a British qualification was necessary. Accordingly, in the fall of 1877, he arrived in Montreal, and entered at Bishop's College. He took out and attended a full course of lectures, and was one of the graduates of 1878. Dr. Ansell was possessed of much more than usual ability, and as an operator was most expert. His wife and young family have the cordial sympathy of all who knew him during his stay in Montreal.

REVIEWS.

Our Homes. By HENRY HARTSHORNE, A.M., M.D. Philadelphia: Presley Blakiston, 1880.

Of the many attractive titles which have been comprised in the series of American Health Primers already published, none can be more so than that which adorns the little volume now before us. "Our Homes" is written by a gentleman whose name is a guarantee for the production of a book well worthy of perusal, and we can assure our readers that he has fulfilled the task assigned to him most creditably. We have so strongly commended previous issues that it may seem almost too much commendation to say that, if not the best, it is one of the best of the series. It may be a hard task to awaken the sympathies of the general public, strange as it may seem, to the value of teeth, of the eye, of the ear, or of the brain; but when the subject of "Home" is written upon, the heart at once responds, and deep interest ensues. We therefore feel that this volume is sure to take unanimously with the public, and in its perusal they will have no disappointment, for to our mind it is a gem. The chapters on Warmth, Ventilation and Drainage seem to us especially valuable; they convey truths in a manner so insidiously and pleasantly worded as certainly to be productive of much good.

Posological Table. By CHARLES RICE. Published by William Wood & Co., New York.

This is an exceedingly handy and useful little book which can easily be carried in the breast pocket, and thus be always at hand for reference. It contains the doses not only of all the medicines and preparations that are official in the United States Dispensatory, but also the most frequently employed unofficial preparations. Eclectic medicines are also given. It includes all the most recently introduced substances such as Boldo, Coto, Guarana, Glonoinum, and the like. It is in fact the most complete posological table that has ever been published, and we can recommend it to all who are in active practice.

MEDICO-CHIRURGICAL SOCIETY.

MEETING 30th JANUARY, 1880.

Present: Dr. R. P. Howard (chairman), Drs. Henry Howard, Larocque, Kerry, F. W. Campbell, Osler, Guerin, Ross, Fenwick, Hingston, Bessey.

The minutes having been read and approved Dr. F. W. CAMPBELL drew the attention of the Society to the fact that a portion of the minutes of the last meeting had been published in the daily papers, contrary to the usual custom which has been established by the Society with reference to publication of minutes. The President explained that he had mentioned the propriety of sending Dr. Larocque's report and discussion thereon to the papers. The general feeling of members was in favor of never departing from the rule already laid down bearing on this matter.

Dr. OSLER explained that the pathological specimens intended for exhibition had, unfortunately, been frozen hard, and could not be shown.

Dr. SHEPHERD then read a most interesting paper upon a case of congenital dislocation of the hip. The case came under his observation in the body of a woman received for dissection in the McGill University. An outline of what is known of this rare occurrence was given, and followed by a most minute and careful anatomical description of all the parts concerned, together with a resumé of the points in which this example differed from other similar recorded cases. The specimens, femur and pelvis, were exhibited, as also drawings of the parts, with ligaments *in situ*.

Dr. HINGSTON, from an examination of the specimen, and in the absence of history of the case, would be inclined to say that the dislocation was the result of disease, and not congenital.

Dr. FENWICK thought that, if disease were the cause, indications of that would be unmistakably still about the affected parts, which were not present, nor were there any signs of old fistulas, moreover the position of the parts corresponds with that which has been found in cases known to be congenital.

Dr. BULLER has knowledge of a case in a young girl, who, having dislocated her hip some time ago and had it replaced, still a recurrence of the displacement took place several times. Her physicians say there is no disease of the cotyloid cavity. He would ask if the present case might not have occurred in the same way in girlhood.

Dr. FENWICK mentioned that a gentleman who had met with an accident at the battle of Gettysburg, dislocating one hip joint. He, curiously,

afterwards could at pleasure reproduce the deformity. It was thought that the border of the cotyloid cavity had been chipped off.

The PRESIDENT did not see why the hip might not become subject to displacement just as the shoulder does. He had also seen the party alluded to by Dr. Fenwick. How common to meet with persons who can partially dislocate the thumb. Well, might not some of these cases of congenital dislocation arise from some such laxity of the muscles, ligaments, etc., especially in presentation of the nates without violence, as dislocation of the hip might easily be produced. As to the specimen, the cotyloid cavity is diminished. In all the cases he had seen of hip disease the cavity was enlarged, and he thought that Dr. S. deserved great credit for having surmised that it was not of this nature. He therefore holds with Dr. S. that the diagnosis of congenital dislocation is correct.

Dr. SHEPHERD explained that thinning in the base of the acetabulum was owing to diminished development of all the bones of that side. The shape of the obturator foramen was characteristic. Loss of the trochanter Minor was to be remarked. No case of hip disease ever presented just such features as this.

The PRESIDENT read a letter from Dr. Larocque, enclosing a resolution bearing on Sanitary matters, which was referred to the Council to report at a subsequent meeting.

O. C. EDWARDS, M.D.,
Secretary.

MEDICO-CHIRURGICAL SOCIETY.

MEETING 6TH FEBRUARY, 1880.

Present: Drs. Reddy (chair), Hy. Howard, Trenholme, Macdonald, Blackader, Hingston, Baynes, Buller, Kennedy, Osler, McConnell, Fenwick, Bessey, Campbell (F.W.), Finnie, Ross, Alloway, Roddick, Rodger.

The minutes of the last meeting were read and approved.

Dr. BROWNE read the report of an unusual case of strangulated umbilical hernia. It occurred in an old lady æt. 63, a small hernial projection showed itself after an attack of diarrhoea. This rapidly inflamed and suppurated, and ultimately opened and discharged. Some days subsequently, whilst at stool, profuse hemorrhage took place, and she died in 15 minutes. The autopsy showed a strangulated portion of

omentum, but the actual situation from which the blood came could not be determined.

Dr. F. W. CAMPBELL had had two cases of umbilical hernia in adults, one of these ending in the same way as Dr. Browne's. In this case the patient had repeated hemorrhages from an ulcerating hernia.

Dr. BROWNE also read a case of Typhoid Fever. The symptoms in the early days were very severe, including constant delirium, prostration, and subsultus. The wet sheet packing was twice employed, the first time with markedly good effect. Towards the end of illness pus appeared in the urine, though there were no symptoms pointing to inflammation of the bladder or kidney trouble.

Dr. OSLER remarked that he had examined the urine, and believed it to be from an inflamed bladder. He also spoke of the frequency with which he had seen post-mortem fecal accumulations in the large bowel, and advised laxatives in the later stages.

Dr. BULLER suggested the possible connection between application of cold and cystitis.

Dr. REDDY had recently had much trouble in emptying the lower bowel of very hard fecal collections.

Dr. HINGSTON thought in this case the scybula had been present while profuse diarrhoea was going on, and spoke of the frequency with which this condition is met with.

Some discussion then followed upon the subject of the tracing of the origin of Typhoid Fever, several members giving instances where this had been found possible.

Dr. OSLER suggested that medical men should suggest to their patients asking for a certificate from some sanitary engineer saying that the house drains have been examined and found properly connected.

Dr. KENNEDY moved, seconded by Dr. Finnie, a vote of thanks to Dr. Browne.

Dr. Ross then read the notes of a case of Acute Purulent Meningitis. The head showed an acute otitis in a previously healthy young man, followed by delirium and left hemiplegia and death with coma. The autopsy showed extensive purulent inflammation.

Dr. BULLER had seen the autopsy, and was presented with the temporal bone for examination. After careful searching he found a small opening in the antrum mastoidem, through

which the pus had reached the brain. The tympanum showed the signs of catarrh.

In answer to Dr. Ross, Dr. Buller considers that acute otitis is more dangerous as to meningitis than more chronic cases.

Dr. OSLER showed specimen of gall bladder firmly contracted upon two large gall stones with obstruction of the cystic duct.

Dr. FINNIE stated that the patient from whom this had been taken presented some years ago a large abdominal tumor, the exact nature of which had remained uncertain. The enlargement ultimately disappeared.

Dr. CAMPBELL stated that the Medical Hall were anxious that this Society should occupy the new rooms at once, rent to begin only on 1st October. We would suggest that steps be taken for this purpose at once.

It was moved by Dr. Fenwick, seconded by Dr. Kennedy, that the Council are hereby authorized to proceed at once with necessary alterations in the new premises.

O. C. EDWARDS, M.D.,

Secretary.

MEDICO-CHIRURGICAL SOCIETY.

Feb. 20, 1880.

The ordinary meeting was held this evening, the President in the chair.

There were present: Drs. R. P. Howard, Hy. Howard, Fenwick, Larocque, Roddick, Bell, Kennedy, Kerry, Gurd, Ross, Loverin, Brown, Osler, McConnell, Trenholme, Godfrey, Perrigo, F. W. Campbell, Blackader, Armstrong and Edwards. Minutes read and approved.

Dr. JAMES BELL then read his paper on "Quinine as an antipyretic." After alluding to its introduction by the Germans as a remedy for the reduction of high temperature, he said that within the last four years it had become regarded almost as a specific antipyretic agent when used in large enough doses. From typhoid fever and other zymotic diseases its use has been extended to inflammatory and septic fevers, and surgical diseases affected with fever heat. Indeed, the opinion seems to prevail among the profession that quinine will always reduce febrile temperature produced by almost any cause. He then took up several of the

prevailing theories as to the cause of high temperature, and reviewed them all. Most observers, he said, argue that the temperature in health varies according to age, sex, time of day, muscular exercise, activity of physiological processes, and that in febrile diseases their variations are greater than in health. According to Wagner, the lowest temperature occurs in healthy adults in the middle of the night, about one or two o'clock, and the highest temperature in the afternoon. A variation of 1° is quite compatible with perfect health. Temperature is slightly higher in infancy and in old age, and in children the temperature is more easily affected than in adult life. Hence in disease a high temperature has less significance in children than in adults. Regulation of body temperature seems to be under the control of the nervous system. The natural means for reducing the heat of the body is radiation and evaporation. Experiments by Dr. Ringer, in 1868, on healthy children with quinine showed that it only reduced the temperature when given in very large doses to the extent of $\frac{2}{3}$ of a degree; variations much greater than this takes place in health without any drug treatment. Quinine in sufficient doses to reduce the temperature even this much, produced noises in the ear, and may other unpleasant symptoms. Dr. Bell then said that, in his opinion, quinine was very much over-rated as an antipyretic; that it probably has little, if any, influence on temperature, and in those cases where it appears to have reduced pyretic heat, the effect was probably due to some other cause. That instead of being harmless, quinine always, for many hours, produces great discomfort from its effects on the nerve centres, viz., headache, sleeplessness, ringing in the ears, deafness, blindness, and interference with the special senses generally. In typhoid fever it often produces or at least precipitates the delirium; also digestive disorders, such as vomiting, diarrhoea and tympanitis—very bad complications, and often the immediate cause of death. As an expression of his views on this subject Dr. Bell quoted the last edition of the National United States Dispensatory. After quoting from Binz, the author of this work says: "This author reproaches those physicians who treat typhoid fever expectantly, and wait and watch which will hold out longest, the patient or the fever.

Perhaps it may be better so to wait than to make use of means which tend to aggravate the patient's danger as well as to increase his discomfort, and which neither lessen the duration of the disease nor its rate of mortality, and *quinine does neither*." This is the latest verdict on the subject by the two leading therapeutists of the United States. Dr. Bell then proceeded to say that he was well aware that it was one thing to make statements, and another thing to prove them. Nothing but a close analysis of a very large number of cases would be worth anything. Such an analysis he thought would be out of place in his paper, even had he the opportunity of doing so, which he had not. All the general results he saw go to strengthen his position. In typhoid fever (as an illustration) the death rate has been higher in the Montreal General Hospital during the last five years (since the use of quinine) than ever before. The cases which occurred during the past three years, of which records have been taken, do not show that the severity of the fever was lessened or its duration shortened by quinine. "My own opinion," said Dr. Bell, "is that, instead of giving comfort, it produces great discomfort. Typhoid patients never complain of discomfort from the fever heat. Moreover, I have compared the temperature charts of a number of cases treated by quinine with a number treated without quinine, but otherwise in much the same way, and I have not been able to perceive any real antipyretic result from the drug. The fact seems to be that in the stage of ascent, and in the stage of stasis of the fever, the fluctuations are limited to a morning remission of 1° to 2° F., as a rule, and quinine given in these stages has no apparent effect.

In the latter stages of typhoid fever great fluctuations occur in temperature. If quinine is given, the fluctuations are attributed to it. The average mortality of typhoid cases in the Montreal General Hospital for the last ten years was 10.45 per cent. During the last five years it has risen gradually year by year till last year, when it was 16.32 per cent. Contrary to the experience of Liebermester, the deaths were not due to prolonged high temperature, causing parenchymatous degeneration, but to accidents and complications in the course of the disease. In 1879 twelve deaths occurred from typhoid

fever in the Montreal General Hospital: two of them were due to perforation and three to hæmorrhage; two apparently to the severity of the poison overcoming the vital powers at the outset, death taking place within the first ten days, from rapid prostration and collapse, without fever; one died from inflammation of vagina, bladder and pelvis of kidney during convalescence; four died from gradual æsthenia, and in one of these cases the bad symptoms began after a thirty grain dose of quinine. These last are the only ones in which death was clearly due to the severity of the fever uncomplicated. Quinine was given in all, and under the most favorable circumstances. Some claim that, although quinine does not reduce temperature, it still exerts a beneficial effect on the disease. I do not think such is the case. In acute inflammatory affections and pneumonia I believe that it is absolutely worthless. If this latter disease runs a normal course there is a sudden rise between the fifth and tenth days. Quinine given at this time has no effect upon temperature, and produces the usual disagreeable symptoms. Its ablest advocates admit that, in relapsing fevers and erysipelas, it has no effect." Dr. Bell alluded to surgical and traumatic fevers, stating that in them quinine will not reduce temperature. He said that, in those diseases, there is always an evident cause for the high temperature, putridity or pent up pus. Prevent the first, and remove the second, and the temperature will fall. He concluded his paper as follows: "In septic febrile conditions one would expect theoretically some benefit from quinine in moderate doses, but I doubt if large doses daily, or less frequently, will be found to do any real good in any way, much less to produce any immediate reduction of temperature. In children the temperature is very variable; and little reliance can be placed on recorded observations of the effects of quinine upon the diseases of childhood. Finally, if we admit, for the sake of argument, that quinine has some power to reduce febrile temperature, we may fairly ask the question: is that of any benefit? The gradual rise of temperature immediately preceding death, and accompanied by other grave symptoms, seems to show that fever, after all, is only an external manifestation or an effect, and not a cause, and therefore, in itself, not serious and not demanding special treatment.

DR. KENNEDY remarked that he was surprised at the conclusion Dr. Bell had arrived at in regard to the antipyretic action of large doses of quinine, as he understood that in such doses it was looked upon as a specific in the treatment of typhoid fever in the Montreal General Hospital. It was the fashion at present to prescribe these large doses in typhoid, and he was somewhat afraid to express a contrary opinion, as it might be considered a heresy to doubt their efficacy, though he had not much faith in the great value which some placed upon such doses. Since last fall eight cases of typhoid fever had been under his care, three of which were of a very severe type, with temperatures ranging 105° and over. All these cases were treated by quinine in a grain or a grain and a half every four hours, together with nitro-muriatic acid, and occasionally digitalis,—other remedies being given as required. All recovered without any complications having occurred during the progress of the disease. He was of the opinion that these large doses had a tendency to produce paralysis of the nervous centres, and in this manner its action in lowering temperature might be accounted for; certainly in cases of ague, paralysis of the auditory nerve followed the use of large doses of quinine. In two cases of typhoid which he had seen lately for a *confrère* large doses were administered; both had died in a collapsed condition, apparently induced by the powerful depressing action of the remedy. In other cases of high temperature he had observed this to become lowered as suddenly where quinine was not given as where it was, and was led to believe that often the apparent action of the remedy was merely a coincidence.

DR. F. W. CAMPBELL was pleased to hear Dr. Bell so thoroughly condemn the use of quinine in large doses, especially in typhoid fever. He had for some time given up administering the remedy in large doses, for he was quite in accord with Dr. Bell in believing that it did not reduce temperature, and that it produced most disagreeable results. There was fashion in medicine, as well as in dress, and the remedy was, he believed, often administered by many because it was fashionable to do so. Typhoid fever ran a specified course, and quinine in large doses, by its bad effects on the nervous system, was, in his opinion, not cal-

culated to place the body in that condition, best fitted to carry it through a lingering disease. He treated the disease by mineral acids, also by large doses of liquor ammonia acetatis. This latter remedy he found reduce the temperature by its diaphoretic action.

Dr. FENWICK said he followed the rule in treating typhoid laid down by King Chambers in administering large doses of hydrochloric acid. He cited a case which had occurred in his practice where 40 grains of quinine had been given without altering the temperature in the slightest, subsequently, under small doses, it subsided and the patient recovered.

Dr. Ross said that the reader of the paper had made several statements conveying most serious charges against this drug. He did not think that the conclusions arrived at were justly drawn from frequent observation. With reference to the ill effects, delirium, restlessness, and sick stomach, claimed to be almost constantly witnessed after full doses of quinine in fever, he had failed to notice any constancy in such sequences, although that such did occur with some persons sometimes could not be denied. Dr. Bell would appear to endeavor to show that quinine did not possess antipyretic action at all. Now, if we have a well-authenticated fact in therapeutics it is that, in a great many febrile states, quinine will, with positive certainty, reduce the temperature of the body. It is broadly stated that it is commonly used and recommended in the symptomatic fever of local inflammation. He does not agree to this statement; on the contrary, considers that the best writers admit its uselessness in such cases, Dr. Ross himself does not employ it thus. The influence of the drug can hardly ever be better seen than in those septic states, apt occasionally to occur in the puerperal woman, and shown by chills and general febrile disturbance without local manifestations of inflammatory action. A dose or two of quinine here is often invaluable. But if local pelvic inflammation be present, with marked pain and tenderness, it will do no good, but opium and local soothing effect the cure. A previous speaker appeared to be under the impression that a routine practice of giving large doses of quinine in typhoid fever was pursued in the wards of the General Hospital. He would like to correct this idea. In the first place, some of

the attending physicians did not adopt this plan at all. For himself, he liked to think that he did not follow any routine, but rather tried to treat each case in accordance with the special features it might present. Quinine was certainly given in a good many of his cases, but by no means in all, and quite a number had but a few doses only at certain times when the degree of fever and other symptoms appeared to him to indicate its employment. He was glad this discussion had come up, but could not allow the statements of the paper to go unchallenged.

Dr. TRENHOLME said he had more and more discontinued the use of quinine in typhoid fever. During the past year he had not lost any of his cases. His plan of treatment was phosphoric acid and tincture of orange. In diarrhoea small doses of arsenic, and in hemorrhage from the bowels small doses of corrosive sublimate.

Dr. GODFREY favored the use of quinine in large doses when a high temperature (105°) indicated its advisability. He spoke also of the great benefit he had seen it produce in cases of ague. His plan in the latter disease was to give a large dose three times a day, and when the fever began to rise a double dose.

Dr. McCONNELL stated his experience as unusually successful, never having had it fail him in any case in which he had used it.

The PRESIDENT quite agreed with the observations which had been made by Dr. Ross, and would not reiterate them. He was not prepared to hear the antipyretic properties of quinine denied altogether, as they had been by the reader of the paper. From the tenor of some of the remarks that had been made, several of the speakers appeared to believe that, in the treatment of typhoid fever in the Hospital, quinine was employed in a routine manner, he was pleased to hear that that was not the case. Many members present could certify that the speaker in his lectures advocated the view that typhoid fever could not be cut short, and that the aim of the physician should be to interfere actively as seldom as possible, and only when some important indication arose, such as excessive diarrhoea or hemorrhage, or peritonitis, etc. Modern experience had shown that a very high temperature, say 105°, or even a somewhat lower one, if protracted, *was a source of danger*

in typhoid fever, calling for the interference of art. Now in such circumstances he had frequently employed twenty and thirty grain doses of quinine with striking benefit in the reduction of the temperature. These doses had also frequently failed. But what agency was uniformly successful in these severe forms of fever? Even when the ice helmet, the wet pack and ice in the rectum are conjoined with large doses of quinine, the temperature frequently continues high. The only resource left in such circumstances is the cold bath, and, apart from the risks of employing it in these critical cases, the serious practical objection to its employment is the great frequency with which it needs to be repeated in the twenty-four hours, and the large amount of nursing assistance it demands. That difference of opinion should exist as to the value of quinine in typhoid fever was not remarkable. Respecting the value of what single important remedy in any disease was there uniformity of opinion? While differing from the writer of the paper as to the antipyretic power of quinine, he complimented him for his close study and investigation of the cases under his care as house surgeon of the hospital, and for the individuality of his character as a medical observer.

The following report was presented by the Council regarding sanitary matters, brought before their notice by Dr. Larocque, City Medical Health Officer.

The Council of the Medico-Chirurgical Society recognize the efforts made by the Board of Health and the Medical Health Officer for the general adoption of the practice of vaccination, but while appreciating their efforts the Council of the Society is of opinion that a general system of *registration of births* is of the first moment in any efforts in the direction indicated, and further that the Local Legislature should be requested to move in this matter.

In the meantime, and until a more general system of vaccination can be effected, a better system of hospital accommodation should be provided, so as to enable the Board to carry out a more thorough plan of isolation and separation.

The Council is strongly of opinion that there should be a Board of Health for the province entirely beyond the control of municipal bodies, bodies who cannot be supposed to be quite

familiar with matters relating to public health.

They are further of the opinion that the Medical Health Officer should have the power of supervision over all houses in which small-pox appears, so as to purify or disinfect with or without the consent of the occupants at such time as the Health Officer should deem proper, and during disinfection a proper place be provided for the occupants of such house as require disinfection.

Also that a more complete record of inspection be kept by an officer deputed for that work only.

The report from the Council was adopted on motion of Dr. Henry Howard, seconded by Dr. Campbell, and the Secretary was requested to forward a copy of the same to the City Council.

The meeting then adjourned.

O. C. EDWARDS, M.D.,
Secretary.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, March 6, 1880.

The ordinary meeting was held this evening, the President in the chair. There were present Drs. R. P. Howard, Hy. Howard, Reddy, Kennedy, Kerry, Armstrong. Munroe, Brodie, McConnell, Osler, Major, Buller, Guerin, Gurd, Roddick, Shepherd and Edwards.

In the absence of Dr. Fenwick, Dr. REDDY contributed a paper on diabetes insipidus.

Dr. ARMSTRONG read the following notes of a case of general peritonitis, proving fatal after the application of strong nitric acid to the cervix uteri for the cure of chronic cervical endometritis.

Mrs. D., æt. 29 years, about medium height, fair complexion, light spare build, 6 years married, never had been pregnant, and a patient of the late Dr. Bell, came under Dr. Armstrong's care a few months after his death. She had been treated by Dr. Bell for a retroflexion of the uterus, and the first time that she was examined there was found an Albert Smith pessary in position. Very similar treatment was continued until last summer, when she began to complain of a leucorrhœal discharge, and on examination per vaginam the doctor found chronic cervical endometritis, which he took for the cause of the leucorrhœal discharge. Besides the administration of tonics and the regulation of the bowels, he began making local applications

to the cervical canal. He applied at different times, extending over a period of about three or four months, solutions of arg. nit. ac. carbol, tr. iod. co., tr. iod. co. c. glycerine, but without any benefit. On the 23rd December, 1879, there was in the external os a plug of extremely tenacious glary mucus, very difficult of removal. This was removed by means of a piece of dry sponge, and fuming nitric acid to the cervical canal was applied; then immediately a stream of tepid water was thrown against it for a few minutes, and applied a plug of cotton wool, saturated with glycerine, and directed her to remain perfectly quiet in bed, and if she had any pain to let the doctor know at once. At the time of the application the cervical canal was large enough to admit the little finger. About 6 a.m. the following morning the husband called and told that his wife had had a little pain during the night, and asked Dr. Armstrong to see her, which was done as soon as possible. When he saw her she complained of some pain about the lower part of the abdomen, and there was a little tenderness on pressure. At once turpentine stupes, followed by linseed poultices, were ordered, and opium in sufficient quantities to completely relieve the pain given. But the case went from bad to worse. In 36 hours after the application of the acid she had a chill, followed 24 hours afterwards by another, and a third 48 hours after the second. On the 30th tympanitis was present to a considerable degree, and asafetida enemas were given in addition to the turpentine stupes. In the evening Dr. Gardner saw her in consultation, advised the internal administration of turpentine, which was done, also the use of nutritive enemata, but these were not retained sufficiently long to be of any benefit. Dr. R. P. Howard saw her on the morning of the 31st, but she was then in a dying condition, with copious bilious regurgitation, and in an hour afterward she died.

Dr. KENNEDY remarked that this case was another illustration of the great danger there was in using such powerful applications. Already several cases of like serious results have been reported to the Society, and he was of opinion that nitric acid should seldom be used. It had become the practice to subject the uterus to the most heroic measures, and often the attention was directed solely to this organ while the general condition of the patient was unheeded. Although the application of nitric acid had received the commendation of eminent gynecologists, still, from the experience gained in such cases, he thought that in the great majority much milder measures

would secure as good results. In his own practice he had not used nitric acid for some time, and believed that he had obtained equally good results with remedies which had not this element of danger in their use.

Dr. EDWARDS reported two cases in his practice in which nitric acid had been used with benefit. In the first case a condition of subinvolution existed, the woman suffering from severe menorrhagia. After other means had been tried and proved futile, it was decided, in consultation with Dr. Reddy, to apply nitric acid to the interior of the uterus. This was done three years ago, since which time the patient has been quite well. The second case was one of endo-cervicitis in which nitric acid was applied to the cervical canal. The result was satisfactory. In both cases the precaution was taken of thoroughly dilating the canal with sponge tents.

Dr. REDDY said he had used nitric acid very frequently, and never had any bad result from its employment. He further stated that on one occasion he had been induced to use iodine instead, and in that case had one of the most severe cases of pelvic peritonitis he ever had to deal with.

Dr. RODDICK said he had on three or four occasions used nitric acid, and considered the secret of success due very much to a thorough dilatation of the canal. When this was not done a drop of the acid might fall within the uterus and set up peritonitis. He did not think that nitric acid should be rejected, but used with care and with ordinary precautions no accident need occur.

The President said that it was well known that a condition of metritis is produced at times by very simple causes. The introduction of a sound or a sponge tent has had this result, also the use of iodine and carbolic acid.

A vote of thanks to Dr. Armstrong was moved by Dr. Roddick, seconded by Dr. Reddy, and carried. The President presented a letter from Dr. Iose Pererira Ryo Filbo of Rio de Janeiro, asking to be elected a corresponding member of the Society. Certain pamphlets of a scientific character accompanied this request. On motion of Dr. Reddy, seconded by Dr. Hy. Howard, this gentleman was elected a corresponding member.

The meeting then adjourned.

O. C. EDWARDS, M.D.,
Secretary.

OBITUARY.

Sir Dominic Corigan, the celebrated Dublin physician, died a few weeks ago at the age of 79.

Dr. Seaton, the well-known authority upon "Vaccination," died at Notting Hill, London, on the 21st of January, at the age of 65 years.

Henry Hancock, F.R.C.S., an ex-President of the Royal College of Surgeons of England, died on the 1st of January, aged 70 years.

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CONTENTS.

ORIGINAL COMMUNICATIONS.		PAGE	EDITORIAL.		PAGE
A Case of Consecutive Chronic Dementia, involving an important Medico-Legal Question, by Henry Howard, M.D., M.R.C.S.E., Visiting Physician Longue Pointe Lunatic Asylum.....	169		Montreal General Hospital, 187—Puerperal Malarial Fever, 189—Doctor's Bills, 190—Volunteer Medical Officers, 191—Laval University Hospital, 191—Woman's Hospital of Montreal, 191—University of Bishop's College, 192—Personal.....	193	
Primary Double Amputation of the Thighs, successfully and synchronously performed for railway injuries to the legs, by John L. Bray, M.D., Chatham, Ont.....	172		Reviews.....	193	
			Medico-Chirurgical Society, of Montreal.....	194	
			Marriage and Death.....	196	
New Kymograph, by George Wilkins, M.D., M.R.C.S., Eng., Professor of Pathology and Lecturer in Practical Physiology University of Bishop's College, Physician to the Montreal General Hospital.....		174			
PROGRESS OF MEDICAL SCIENCE					
On the Treatment of Acute Rheumatism by Salicin and Salicylic Acid, 180—Management of Natural Labor.....		183			

Original Communications.

A CASE OF CONSECUTIVE CHRONIC DEMENTIA, INVOLVING AN IMPORTANT MEDICO-LEGAL QUESTION.

By HENRY HOWARD, M.D., M.R.C.S.E., Visiting Physician Longue Pointe Lunatic Asylum.

(Read before the Medico-Chirurgical Society of Montreal, 19th March, 1880.)

MR. PRESIDENT AND GENTLEMEN,—Seeing how very common is that mental state known as dementia, and how that all the lunatic asylums in the world are crowded with that class of patients, dementia, of one form or another, from numerous different causes, I am afraid that you must be surprised that I did not choose a case of some other form of insanity, or in sanity in some other stage, than that of dementia.

I have chosen this case not because that it in any respect differed from a number of others in the asylum, but because this particular case happened to be the cause of a circumstance that involved a very important medico-legal question. The whole case turned upon the one single point, was it possible, under certain circumstances, that a certain crime could be committed? This was the question I was called upon to solve. The Court was two Commissioners. The accusers had two clever lawyers, and the accused, one, and I assure you that never in my life did I get such a cross-examination as I did in that case; never, in my life, did I see such a determination on the part of lawyers to bring

in the accused guilty. Surely if ever two men deserved to be well paid by their clients, these two lawyers did. Well, my testimony was that the crime could not be committed, and so the case broke down.

I will try and bring the case before you in as delicate a manner as I possibly can, so as not to shock your sensibilities; you will yourselves easily supply that which I cannot put into language. The question was, could priapism take place in a man suffering from consecutive chronic dementia, or rather a certain man whose case I will just now give you? If it could, then the crime could have been committed; if it could not, then the crime could not have been committed. At all times, and under any circumstances, the crime of which the accused was charged would be a disgusting and unnatural crime, but, under the circumstances in this case, the man that would be guilty of it, we would be bound, in very charity, to look upon as a morally insane man.

CASE.

When my attention was first called to A. B., aged about 35, he was sitting naked in his cell, crouched in the corner, in dog-like fashion, his genital organs hanging down, and resembling more a piece of dirty intestines than the genitals of a man. He was so emaciated that his bones were simply covered with skin, and his skin was broken and ulcerated in different parts, particularly over his joints. His head, face, hands and body were smeared with his own

feces; he eat every sort of filth he could lay his hands upon, whilst he had to be forced to partake of wholesome food. His attempt at speaking was more like the gibberish of a monkey than the speech of a man; in fact, for a man of his age, he was as good a specimen of dementia as there was in the asylum. When he was washed and cleaned, and I had a chance of examining his pulse, I found it to be 120.

Such is the description of the man who was sworn to be capable of producing priapism, or that another could produce priapism in him. As well might I be told that it could be produced in the unfortunate wretch who suffered from nerve exhaustion from being tortured in the rack.

Let us consider what is chronic dementia. All writers on mental diseases classify it under the heading of mental weakness.

Dr. Crichton Brown, who has given the result of his examination of four hundred brains of persons who had died insane, twenty-five of whom were cases of chronic dementia, viz., 17 males and 8 females, gives us the following conclusions respecting brain weight. After carefully weighing all these brains, he says, "Consecutive chronic dementia, a form or forms of mental disease embracing so many of the inmates of our lunatic hospitals, whose *nervous systems* have been irreparably damaged by the acute storms of disease, or who have subsided quietly into the depths of fatuous degeneration, is represented in table 6 by a *brain weight* only a shade greater than that of organic dementia." "In the dementia of general paralysis the *cerebellum* does not share to anything like a full extent in the wasting by which the cerebrum, is so seriously reduced; indeed the cerebellum is less wasted in the dementia of general paralysis than in any of the *other chronic forms of dementias*." "In acute mania in both sexes the cerebellum is of *great weight, absolutely and relatively* to the weight of the hemispheres; and indeed in almost all forms of mental exaltation and depression the weight of the organ contrasts notably with what is seen in states of mental weakness."

We see there by the pathological researches of Crichton Brown that in chronic dementia the whole nervous system is irreparably damaged; that so much does brain-wasting take place that in weight the brain was only a

shade greater than it was in organic dementia; that the *cerebellum* is *more wasted* in chronic dementia than it even is in general paralysis; that in acute mania the cerebellum is of great weight, contrasting notably with what is seen in states of mental weakness.

So much for the pathology of consecutive chronic dementia. Speaking of such cases Dr. Maudsley says: "There is a group of demented patients in whom the mind is almost extinguished, who have to be fed, clothed and cared for, who evince little or no sensibility; whose only utterance is a grunt, a whine, or a cry; and whose only movements are to rub their heads or hands. Of the three degrees of dementia they represent the worst, the lowest state it is possible for a human being to sink. Their existence is indeed little more than vegetative; and, if they are not carried off by pneumonia, tubercle or some other disease, as they often are, they die from effusion of the brain, or from the effects of accident, to which through their apathetic helplessness they are much exposed. Though secondary dementia may last for a long time, it is impossible that recovery should take place. The condition, habits and conduct of patients suffering from it may often be much improved by proper care and control, but their mental decay will generally go on increasing unto the end. When death takes place it is sometimes due to effusion on the brain or atrophy of it, or it is produced by accidental disease as tubercle or pneumonia.

So much for the physiology and pathology of consecutive chronic dementia.

I beg of you to bear in mind that it is the cerebellum, that is the part in dementia, that undergoes the greatest change, not only that, but that in chronic, after organic, dementia, it undergoes greater changes than it does in any other form of insanity.

I will now quote from "*Eulenburg*" and "*Gutman*" to show to you the connection that exists between the cerebellum and the organs of generation, a fact, I have no doubt, well known to the members of this Society.

They say: "Conceiving the controlling power of the *nervi exigentes* on the *blood vessels of the penis*, the vasomotor nerve of the intestines and probably of most of the abdominal viscera is the splanchnic, the principal vasomotor nerve in the body. Irritation and extirpation of

the different ganglia and sympathetic plexus of the abdomen have a certain but very inconstant influence on the intestinal secretions, the nature of the intestinal evacuations, and on the general nutrition."....."The centre of the vasomotor nerves of the liver, and appears to be in the brain. We ourselves frequently noticed the occurrence of hemorrhagic diarrhœa in dogs after injury of the different parts of the *cerebellum*."....."That also the vasomotor nerves of other abdominal organs and of the whole *genital* apparatus are included in the trunk of the sympathetic is undeniable from the anatomical point of view."....."As for the vessels of the *penis* we know from the researches of 'Löven' that irritation of the *nervi exigentes* results in relaxation of the arteries."

I have now anatomically, and physiologically, through "Eulenburg," "Gutman" and "Löven," proved to you the union that exists between the cerebellum and the organs of generation, as I have given you physiological and pathological proof that it is the cerebellum that suffer most from dissolution in consecutive chronic dementia, and not only that it suffers most, but that it suffers very much, so that it either becomes disorganized or atrophied. I have also shown you that in this form of dementia there is exhaustion of the whole nervous system, just as great a nerve exhaustion, as we would expect to find in the unfortunate creature that was tortured upon the rack.

Possessed of the foregoing knowledge, and from my own experience, my testimony was, in the case I have stated to you, that the crime was a physical impossibility, and I now appeal to this Society to say, was I, or was I not, justified in saying it was a physical impossibility? and in forming your opinion you will remember that it is a very important medico-legal question; and remember the question is not, could there, under such circumstances, be seminal emission? for, according to the reports of jail surgeons, that frequently takes place when a man is hanged, and every physician knows that it frequently takes place in the last death agony, as does evacuation from the bowels. The question is could a man for example suffering from such a disease as I have described co-habit with his wife, if he had the desire to do so. If he could, then the crime could have been committed; if he could not, then the crime could not

have been committed. Remember I don't say that, under such circumstances there could be *desire*, for I don't believe there could, but, for the sake of argument, granting that there could, would it follow that there could be priapism; would it follow that the solitary vice of self-abuse could be accomplished. Every medical man of large experience, more particularly those connected with lunatic asylums, knows that long-continued self-abuse, by those with an insane neurosis, not only terminates in dementia but also in impotency, even much sooner than those who indulge in excessive sexual indulgence. I presume the cause is that, in the former, there is most periepral nerve irritation. That, however, as it may be, it is another mode by which the fact is established of the union between the brain and nerve, the cerebellum and the organs of generation. In passing, sir, I might remark that the cerebellum plays a most important part, through the medium of the great sympathetic, with the whole of the abdominal viscera, a knowledge of which may assist us to explain some facts heretofore difficult to comprehend. For example, at one of our late meetings a case was read of typhoid fever where the patient died suddenly from a gush of blood from the intestines, and the post-mortem examination threw no light upon the cause of the hemorrhage. Perhaps if our worthy pathologist had in that case thought of examining the cerebellum he would there have found the explanation, for there is no reason why, if irritation of the cerebellum of the dog produces in that animal bloody flux, that, under certain circumstances, it would not do the same in a human being, and particularly so in a case of typhoid fever where the *nidus* for the typhoid germ is in the mucous membrane of the small intestines. I was so struck at the time with the case that I allude to, that I thought these few remarks in connection with the subject of my paper would be an allowable digression. I beg, however, that it may not draw the attention of the Society from the important medico-legal question I have brought before it.

The proceedings of the McGill College Medical Convocation are crowded out of this issue. They will appear in our next.

PRIMARY DOUBLE AMPUTATION OF THE THIGHS, SUCCESSFULLY AND SYNCHRONOUSLY PERFORMED FOR RAILWAY INJURIES TO THE LEGS.

By JOHN L. BRAT, M.D., Chatham, Ont.

At a time when railway accidents are of so common occurrence a record of every case would soon furnish valuable statistical material for comparison and contrast. Any appreciable record of these injuries has not fallen under my notice, if any such there be, and it is with a desire of contributing towards furthering this object that prompts me to offer the following case of primary double amputation at a time, too, when the relative merits of hospital and private practice, of primary and secondary amputations, or of antiseptic dressings, as affecting amputations and other capital operations, are under discussion. This case may prove of some interest, occurring, as it did, during the hottest days of July of the present year, treated away from the patient's home, in a house the general arrangements of which were poorly regulated, nursed by strangers, willing enough, it is true, but by no means skilled hands, and having the further disadvantage of being surrounded by a marshy locality and malarious atmosphere, while it had, on the favorable side of the question, the all-important advantage of a strong, healthy and vigorous constitution. Re-acting from the shock in less than two hours sufficient it was thought to warrant the next ordeal, synchronous double amputation of the thighs, it offers, I think, a fair case for comparison.

On the 15th of July, 1878, I was summoned to Jemnetts Creek Station, in my capacity as surgeon to the G. W. Railway Company for this district, to attend N. C., a strong, healthy, well-developed French Canadian, 21 years of age, who, while attempting to get on a freight train that was passing at the rate of about 18 miles an hour, had been knocked down, and his feet and legs run over by several car wheels before the train was stopped, or assistance rendered. All other parts of his body escaped, with the exception of a slight bruise on the upper part of the left knee. He was immediately carried to a neighboring house, about 50 yards away. Taking Dr. Murphy of Chatham with me, we arrived at the place, which is about 14 miles

distant, in less than two hours from the time the accident occurred. We found our patient lying on a low bed, moaning and complaining bitterly of pain; his face was quite pale; the surface of the body cool and clammy; pulse 105, feeble but regular and of gradually increasing power after taking about 4 ounces of whiskey. There had been very little hemorrhage, and this now had entirely ceased. On examining the legs it was found that they had sustained the following injuries: All the soft parts of the left, including skin, superficial fascia, muscles, vessels and nerves, were entirely torn and dissected from the anterior circumference of the limb, extending from the middle of the foot to the knee, crushing and laying open the ankle joint, fracturing the bones of the leg after every possible fashion, splinters of bone extending up into the knee joint. The right leg was found to be less damaged than the left, the wheels passed over it just above the ankle, crumbling the bones into fragments, and mutilating the soft parts up to the knee to such an extent that any attempt, even here, at amputation by disarticulation, such as Langenbeck of Berlin is now advocating, was found to be too risky an undertaking to be justifiable; from the character of these injuries it would seem that the wheels had engaged the long bones at several points of their axes, thus causing such an extensive destruction of parts involved. One can readily imagine how this might happen if the man moved or slightly rotated his limbs after the passage over them of the first wheel.

The patient being placed under the influence of chloroform by Dr. Murphy, and Esmarch's bandage having been applied from just below the knee to the middle of the thigh, I proceeded to remove the left limb. Having decided on the circular operation, I began my incision about one inch below the knee, and dissecting up the integument and fascia a sufficient distance, divided the remaining structures down to the bone, which was now sawn through in the usual careful manner, about one inch and a half above the condyles. I now allowed Dr. Murphy to amputate the other limb which, after applying the elastic bandage as before, he did by making lateral flaps, bringing the knife out below the heads of the tibia and fibula, in order to put to the test the relative superiority of the two methods. Flaps of sufficient length having been

obtained at the expense of some damage to the knife, which had to be kept very close to the bones about the knee, the femur was divided one inch above the condyles. The patient being allowed to lapse from the influence of chloroform, and without using any water or antiseptic lotions to the flaps whatever, they were simultaneously brought together, the left entirely by interrupted silk sutures and the right mostly by silver ones, with the view of testing side by side their comparative merits. The results was as follows: The right stump with lateral flaps and silver sutures healed almost entirely by the first intention, and without the slightest swelling, inflammation or suppuration, except close to the silk and at the lower angle of the wound about an inch extent which had been purposely left open to facilitate and admit of drainage. The wire maintained its hold longer and better than the silk, and did not appear to excite any visible ulceration of the tissues, while all the silk sutures that were used (some alternately with the silver) did so. What was most remarkable in this stump (the right) was that, from the first, he could move it about in every direction, and raise it almost at right angles with his body, and without any assistance, when being dressed with adhesive plasters. So complete was reunion at the end of two weeks that most of the stitches were removed, and scarcely a drop of suppuration had taken place. Not so desirable, however, was the behavior of the left stump by the circular method: here after 24 hours we had excessive swelling and tumefaction, extending up to the groin. The slight bruise on the top of the knee, before mentioned, had to be comprised in the flap; from this we expected some trouble, nor were we disappointed: a strip about 3 inches long by one in width became gangrenous on the third day, and established a large and deep sloughing surface, which, by stimulating and antiseptic dressings and frequent poultices, favored its early separation, so that on the 9th day it was entirely removed by the scalpel, sufficient flap remaining, however, to secure their potency, which was effected by the insertion of a few silver sutures, and at the end of five weeks from the time of the accident was almost entirely healed. The only topical application applied to the stumps was a weak solution of carbolic acid and water at each dressing, after

the third day adhesive strips sufficiently tight to relieve tension from the stitches only, together with the roller bandages and pads or compresses over dependent parts of the flaps to prevent accumulation of fluid. Internally, from the first day, the treatment was sustaining, such as beef tea, milk and brandy, ale and porter. Occasionally an opiate was given at bedtime to procure sleep, and a saline purgative to open the bowels, which throughout were inclined to be costive.

The femoral artery alone of the right leg and the femoral and a muscular branch of the left were all that required ligatures. By employing the elastic bandage not a drop of blood was lost during the whole operation, a point which could not fail to have a favorable influence on the success of the case. I will here give its daily progress; July 16th (day after the operation), pulse 100, temperature 100, tongue furred; has passed urine freely, and had some disturbed sleep. July 17th, pulse small and rapid; bowels moved; opiate produced 4 hours sleep; wounds dressed; edges of flaps of right stump healthy and in perfect apposition, a quantity, of blood-colored serous fluid distending left flaps; left stump enormously swollen up to the groin. Ordered bladders of ice to the thigh and warm water dressings to end of stump, opiate to be given at night, milk punch and chicken broth to be taken at short intervals. July 18th, bruise on left flap looking gangrenous, stump still greatly swollen; were again dressed, and pad and bandage applied so as to prevent collection of fluid, also drainage tube inserted at lower angle of wound; pulse 90, becoming quieter; tongue clean; takes milk punch and beef tea every 3 hours; bowels continue costive, ordered saline purgative; right stump healing almost entirely by the first intention. July 19th sleeps better, pulse 98, temperature 101; takes nourishment freely, ordered glass of Bass ale night and morning; bruise on left flap going to slough; sits up and feeds himself; bowels moved, July 21st, pulse 85, temperature 100; swelling in left thigh continues, right looks well; continue treatment. July 23, pulse 80, temperature 99; left stump discharging pus pretty freely, swelling going down; a weak solution of carbolic acid injected into wound of stump; right stump healing rapidly, no discharge from it. July 25th, much the same, sleeps well, is cheerful and hopeful. His affianced has assured him that

she is still faithful, and he says he will get married as soon as he is able to be around. July 27th, free discharge of laudable pus from left stump; pulse 88, temperature 99, appetite good; several inches of gangrenous slough removed with knife, granulations underneath clean and florid, lint soaked in solution of carbolic acid applied in and around wound; removed several sutures from right stump, which he holds up and moves about as if all right. Complains of pain in feet and legs, and fancies they are still attached. July 29th, swelling disappearing from left thigh, wound beginning to granulate; right stump completely united; removed the rest of the sutures. July 31st, pulse 100, temperature 100; has had no sleep owing to pain in feet and legs, $\frac{1}{4}$ grain of morphia to be given, also a tonic of quinine, nux vomica and gentian. Dressed stumps; right one entirely healed, left discharging freely but granulating nicely. August 2nd, swelling all gone, sleeps well, takes plenty of nourishment; pulse 73, temperature normal. August 5th, much the same, doing well, except pain in feet; legs to be dug up and changed in box, mental impression produced thereby is said to relieve this form of neuralgia, but in this case had no effect whatever as pain continues. August 8th, still complains of severe pain and cramping of the feet, and more particularly at the ankle joints, this is only relieved by morphia; right stump entirely well, and requires no further dressings whatever; left granulating and looking well; pulse and temperature normal. August 11th, had a chill in the night followed by fever, pulse 100, temperature 102; every one in the house has ague; gave quinine in 4 grain doses every 3 hours. August 14th, pulse 68, temperature normal; fever left, after taking about 24 grains of quinine; still complains of great pain in feet, the right the worst; left stump healed all but about one inch, applying carbolized glycerine; appetite good. August 19th, the patient was removed to his mother's house to-day, sits up and can lie on either side; eats well, and would be all right were it not for those feet. August 23rd, visited patient for last time, both stumps entirely healed, and is able to go out in a buggy; has lost considerable flesh while laid up, but feels as well as ever.

NEW KYMOGRAPH.

By GEORGE WILKINS, M.D., M.R.C.S., ENG., Professor of Pathology and Lecturer in Practical Physiology University of Bishop's College.—Physician to the Montreal General Hospital.

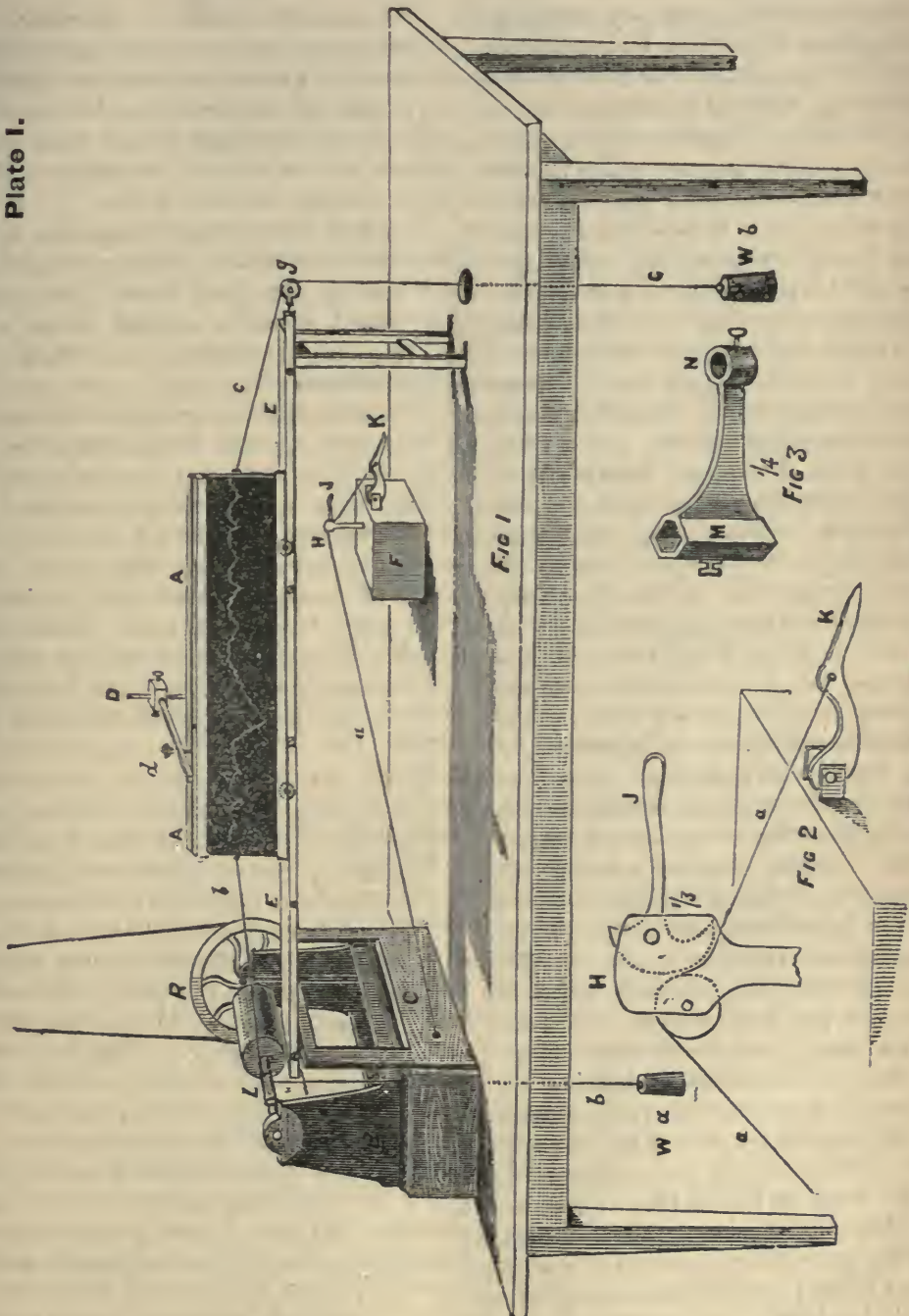
The apparatus which is illustrated in the accompanying plates is intended to facilitate the demonstration of physiological experiments to a class of students. Anyone in a room capable of containing two or three hundred persons will be able to read without difficulty the tracings of the various pens.

It differs from other kymographs in many important particulars. The surface upon which the tracings are taken is *white glass*, smoked. The motor power is a small water engine, which drives the wheel R (see Plates I. and II.) connected with the shaft of the iron stand B. This shaft carries round with it the moveable iron cylinder or drum L only when the clutch P (Plate II.) is allowed to come in contact with this cylinder. As this drum revolves it also carries with it the cord *b b*, which is wound around it once only, and has at one end the weight *W a* and at its other end the recording glass plate *A A*. This plate travels on the rounded edge of a rod of iron, by means of small grooved wheels, concealed in the lower border of the frame in which the plate is inserted. This rod, which is one-quarter inch in thickness, one inch in breadth, and six feet in length, is fastened by means of screws to the walnut support *E E*. By depressing the handle *K* the cord *a a* draws out the clutch *P* by means of the lever *Z Z*, (Plate II.), thus releasing the cylinder *L*, which is immediately brought to a stop, and with it the recording plate, although the wheel *R* continues to revolve. The cord *a a* is held for any length of time in this position by means of the cam *H*. (Figures 1 and 2, Plate I.) The slightest touch on the under surface of the handle *J* of this cam causes it to relax its hold on the cord, when the clutch *P* is again brought, by means of the spring *S*, (Plate II.), in contact with the cylinder *L*, which again revolves. The rate of speed is regulated with the greatest ease. The water engine I have in use will run from two or three revolutions to several hundred in a minute. I turn on sufficient water to get a speed of exactly sixty a minute; the movements are kept perfectly steady and regular by a heavy fly-wheel four-

teen inches in diameter. I have several different sized speed-wheels adapted to the other end of the crank, one of which is exactly three inches in circumference, *i. e.*, a fraction

inches. Therefore, the engine making sixty revolutions in a minute, the wheel R will make exactly six revolutions in the same space of time. Three and one-third inches (the circum-

Plate I.



Wilkins' Kymograph.

less than one inch in diameter. The wheel R of the iron stand B is thirty inches in circumference, and the smallest circumference of the cylinder L (Plate II.) is three and one-third

inches (the circumference of the small iron cylinder) multiplied by six, will be twenty inches, the distance which the recording surface will have been drawn in one minute, that is, one inch in three

seconds. This is the rate of speed of the slow axis of the kymograph of Burdon-Sanderson which I have in use and of others. The apparatus can be used with equal facility in experiments illustrating rapidity of nervous influence. Suppose we wish the recording surface to travel with the same rapidity as the swiftest axis of Sanderson's kymograph, that is, forty revolutions in a minute, equal to twenty inches in a second and a half. First, approximate the plate A A to the stand B, so that it will be three or four inches from the end of the iron bar along which it travels. Now place beneath the weight W a box containing a few layers of cotton wool. Have it elevated so as to permit the weight to rest on the wool. Push recording plate to its proper position for commencing tracing. Place on shaft of engine a wheel ten inches in circumference. Increase the speed to 120 revolutions per minute. Let the wheel R be one-half former size, and place cord *b* around larger circumference of iron cylinder, which is three times the size of smaller one. You have then increase of speed represented by $3\frac{1}{2} \times 2 \times 2 \times 3 =$ forty times as fast as previously; or, simpler still, let the fly-wheel, as in my engine, have three different speed grooves—one, thirty inches in circumference. Connect this with the wheel R; do not remove the cord *b* from the smaller circumference of cylinder L, but increase speed of engine to 240 per minute, that is to say, four times speed first mentioned. You then have 10×4 , equal forty times previous speed. It can be arranged a number of other ways that will readily suggest themselves to the experimenter when at work. Numbers of revolutions of wheel over 120 or so, which cannot be readily counted with watch, can be ascertained and fixed at any number with the greatest ease by use of the speed indicator, a small instrument used by machinists.

The recording surface can readily be placed in position any number of times without interfering with the motion of the wheel R, simply by depressing the handle K and thus removing the clutch from the cylinder L, and then with the hand pushing the plate back towards the pulley *g*; while doing so, slightly tilt the stand holding recording pens so that they do not write on plate.

To take tracings, the apparatus must be placed between the window and the observers,

when the tracings come out boldly through the white glass. Or, as the duties of private practice compel me to do most of my laboratory work at night time, it can be illuminated by gas, as I have it; three jets fixed on a brass tube which is connected by rubber with the gas in my laboratory, and so attached to the frame A A that it can readily be dismounted and connected with another similar recording plate.

The manometer is clamped to a T shaped brass rod, one end of which fits into the opening N of the support M (Plate I, Fig. 3), which can be clamped at any height to an ordinary retort stand. Repeated tracings can be taken by altering the height of clamp M and pushing back plate A A, tilting slightly the stand holding recording pens while doing so, as previously stated.

Other recording pens, such as electro-magnetic marking key, Marey's tambour, &c., can readily be attached to supports similar to M, having a small rod fixed permanently in N.

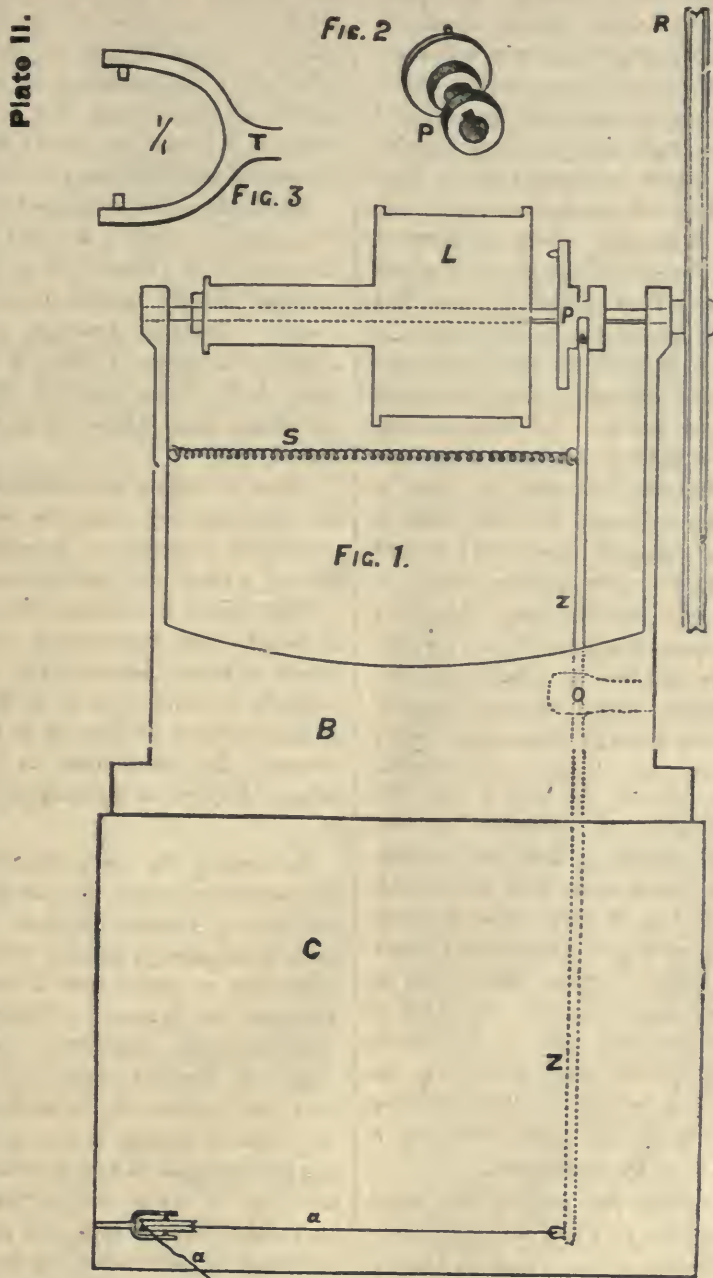
The cord *a a*, passing through the cam H, although here represented above the table, would be better placed out of the way running beneath the table, the lever Z being prolonged so as to project an inch or so beyond its under surface; the cord made to pass over pulley wheels through an opening in the table close to F.

As most of the more important experiments are performed while the animal is under the influence of curare, artificial respiration apparatus is necessary, and for that purpose nothing is simpler or easier than Grehant's apparatus, arranged as figured in "Cyon's *Methodik der Physiologischen Experimente und Vivisectionem*," Plate IX., Figure 1, which can be worked easily by a small water engine such as I have in use. Both water engine and respiration apparatus can be arranged in any convenient place out of the way. In my laboratory the engine is placed on a shelf over the sink, and power transmitted overhead by small shafting and belting to Grehant's apparatus, which is on an elevated shelf, air being conveyed from it by rubber tubing. Power is also transmitted over head to wheel R of kymograph.

The engine and respiration apparatus could with equal facility be arranged on a small stand beneath the operating table, or, as I had it at a recent meeting of the Medico-Chirurgical Society

in this city, on a stand behind the framework of kymograph, the connections between the

engine keeping both it and wheel R of kymo-graph in constant and steady motion.



ordinary water tap and engine being made by garden hose. At this meeting, while preparing and demonstrating some of the functions of the pneumogastric nerve on one rabbit, I had another rabbit for over three hours under the influence of curare, kept alive by the artificial respiration apparatus referred to above, the water

DESCRIPTION AND MEASUREMENTS OF VARIOUS
PORTIONS OF APPARATUS. (PLATES I. AND II.)

A A—Walnut frame, holding a plate of flashed opal glass (same as the so-called white "porcelain" lamp shades). Outside dimensions of frame—1 inch thick, 36 inches long, and 11

inches wide; the glass itself is 36 inches in length by 8 inches in width. The front view of ends are made flush with groove holding glass. Two solid brass wheels, one inch in diameter, are placed in sockets in lower portion of frame, while upper portion has a groove $\frac{1}{2}$ inch wide and same depth, into which the small pin *d* fits. This pin keeps plate perpendicular as it moves. Ends of frames have each a small screw-eye inserted, to which the cords *b* and *c* can be readily hooked on.

B—Iron stand 8 inches high, $7\frac{1}{2}$ inches between ends; breadth of ends, 5 inches. This stand carries the shaft, $\frac{1}{2}$ inch in diameter, to which the wheel R is connected, and upon which the cylinder L is freely moveable. Fig. 1, Plate II., is a diagrammatic sectional view drawn one-third natural size.

C—Walnut stand, one side 14 inches high, to support one end of stand E E. That part upon which B rests is 7 inches high.

D—Iron rod screwed to a small iron plate in posterior edge of stand E E. At its upper end an iron block is seen, which can be clamped at any height to suit frame and length of small pin *d*. The thumb-screw to the left clamps a brass rod, through the front end of which the pin *d* passes. In the woodcut, the brass rod appears to project from the centre of the block, whereas it should be represented to one side, so as to be able to be passed completely through it. By regulating the distance of *d* from D with this rod and the use of a plumb-line, before commencing experiments, the recording plate can be readily placed exactly perpendicular. The pin *d* fits a groove in the upper border of the frame holding the plate A A, and keeps it in the same perpendicular plane as it moves.

E E—Walnut board 1 inch thick, 5 inches wide, and 6 feet long, supported to the right by two legs, the left end resting on stand C. A small iron bracket connects one of these legs with the table on which the stand rests, and keeps it perfectly steady. To the front edge of this board an iron rod, 1 inch wide, $\frac{1}{2}$ inch thick, and 6 feet long, is attached by screws. The frame A A travels on the upper edge of this rod, which projects about $\frac{1}{2}$ of an inch above the surface of the board, and is rounded to fit the wheels in the frame. To the extreme right of the rod a small brass pulley *g* is attached, over which the cord *c c* passes. The object of the

board is to prevent any "springing" movement of the iron rod.

F—A small walnut box, open only on the side, opposite the letter F, containing a square block of iron of sufficient weight to overcome the resistance of the spring S, Plate II.; the weight obviates the necessity of screwing box to table, and permits it being placed in any desired position to have suitable tension on the cord *a*.

H—Cam and pulley wheel over which the cord *a a* passes, shown one third natural size in Fig. 2, Plate I. The groove in both should be slightly roughened, so as to hold cord more securely.

In Fig. 1, Plate I., the cord *a* is shown passing directly from the cam to an opening in the stand C through which it passes; then over a pulley screwed into the near end of the stand as seen in Fig. 1, Plate II., to the lower end of the lever Z Z.

M—Plate I., Fig. 3, cast iron support for retort stand. In the opening N, a T shaped brass rod is inserted, to which mercurial manometer is clamped.

L—Plates I. and II., a cast iron cylinder, 5 inches long, $2\frac{1}{2}$ inches of which is $3\frac{1}{2}$ inches in circumference; the rest, three times this dimension. The surface facing the clutch P has a number of shallow conical depressions bored out, by means of which the small projecting pin in the clutch at once catches the cylinder, when the cord *a* is released from the cam H. When the clutch is not in contact with it, the cylinder can be made to revolve in either direction, independent of the movement of the shaft upon which it rests.

In Fig. 1, Plate I., the cylinder is not drawn in correct proportions. The sectional drawing, L, Plate II., is a true representation one-third size.

P—Plate II. Clutch. Fig. 2 shows end view of a groove which passes through its centre and fits a very small iron rod that is made fast to that portion of shaft to the right of the cylinder L. By means of this rod and groove the clutch is made to revolve with the wheel R, and at the same time permits sliding movements.

R—Wheel 30 inches in circumference. Ordinary sewing machine belting connects it with water engine, either directly or indirectly through shafting over head.

S—Plate II. Spring by means of which clutch

is brought in contact with L when cord *a a* is relaxed from cam.

T—Plate II., Fig. 3. End of lever Z, adapted to circular groove on outside of clutch. Natural size.

W *a*, W *b*—Weights for the purpose of keeping steady the motion of the plate A A. W *a* also, by its weight, causes sufficient resistance and friction, with one complete turn of cord *b* around cylinder L, to exercise traction as it revolves; the moment W *a* is arrested in its descent by support of any kind no traction is exercised on A A, although L continues to revolve. To prevent any possibility of plate A A being carried beyond pin *d*, Plate I., in the onward movement of the plate, the cord *b b* should be of such a length that the weight W *a* touches the floor when the pin is within an inch of the right hand extremity of plate; it will then be unnecessary to depress handle K to arrest the movement of plate, as it will stop itself the moment the weight touches the floor. In experiments where the plate A A is caused to move very rapidly, it is advisable to have the descent of the weight arrested three or four inches before it touches the floor by something placed beneath it, such as a box containing cotton wadding or sawdust, upon which the weight falls. The wadding or sawdust deadens any sound that might be produced by the rapid descent of the weight. In experiments requiring but slow movement of the recording plate, the weight descends so gently that no sound whatever is heard.

W *a* weighs 3 lbs. W *b* should be about 12 ounces heavier. The structure of the cords B and C is important in ensuring perfectly steady motion of A A. I have tried catgut and various other materials. The ordinary silk-covered flexible wire, formed of a number of strands of fine wire, such as used in connection with Faradic machines, I find much the best, and to answer every purpose.

Water engine, Grehant's apparatus for artificial respiration, and this kymograph, can all be made for a considerably less sum than will have to be paid for the ordinary clockwork kymograph alone.

The water engine takes up very little space. Without fly-wheel, its measurements are 11 inches high, 7 inches broad, and 5 inches wide.

It is desirable to have three or four extra

plates of glass fitted in frames, which can be readily placed in position as each plate is finished with.

In using this recording plate in experiments such as stimulating the pneumogastric, there are two very great advantages. The tracings immediately preceding stimulation can at once be compared as they are being made with those following it, shewing the effect of the stimulation. They can also be seen by a large number at the same time. Another very great advantage is the surface which can be used for tracing purposes is nearly three times the size of that in the cylindrical kymograph. The recording plate can be pushed back any number of times and by altering the height of the manometer or other pens in use, fresh tracings can be taken. If desirable the plate could be made much larger and worked just as well, it could easily be made several inches wider and in no way interfere with its action.

To see the prominence with which the tracings come out on the glass, one has only to smoke the outside of one of the white glass shades used with the "student lamp," and make tracings with a needle, holding the shade either between the window and the observer or in its place on the lighted lamp.

In the *International Review* for April, readers will find of political as well as general interest, articles on "Mr. Gladstone," "The Nihilists of Russia," "The Gothenburg Liquor-Licence System," and "TAMMANY HALL;" of general interest, Henry James, Jr.'s article on "The Letters of Eugene Delacroix," Sarah W. Whitman's highly appreciative sketch of the artist, "William Morris Hunt," and the article on "Contemporary Literature;" and of special scientific interest and importance, Prof. E. S. Holden's review of "Dr. Gould's Argentine Uranometry," showing recent astronomical progress in South America, and Dr. Cushing's "Sun-Spots and Epidemics." The previous number having prescribed a brake on the Republican machine, the *Review* very properly presents in this number a vivid picture of "The Democratic Machine," viz. Tammany Hall.

The entire number will be found excellent reading and full of information of a kind which it is important for everybody to have.

The price, by mail, is fifty cents, and the *International* is for sale by newsdealers and booksellers, or sent by mail post-paid, on receipt of price, by the publishers, A. S. Barnes & Co., 111 & 113 William Street, New York.

Progress of Medical Science.

ON THE TREATMENT OF ACUTE RHEUMATISM BY SALICIN AND SALICYLIC ACID.

By Dr. T. J. MACLAGAN, Examiner in Medicine to the University of Aberdeen.

Two questions are frequently put to me: First—Are salicin and salicylic acid antipyretic? and, if so, is their beneficial action in acute rheumatism due to their antipyretic effect? Secondly—Which is the better preparation, salicin or salicylic acid? The questions are important. I shall answer each in detail.

First, as to their antipyretic action. Fever is a collection of different phenomena whose co-existence constitutes the febrile state. Of these phenomena the most essential and most prominent is rise of temperature. Hence fever has been defined as *calor præter naturam*; and one whose temperature is above the normal is said to be feverish. A remedy which reduces or removes this abnormal rise is said to have an antipyretic action. Such a remedy may act in one of two ways. Either it may remove the condition—i.e., cure the disease—to which the rise of temperature is due; or it may reduce the temperature of the body without curing, or even curtailing the duration of the malady. An instance of the former we have in the treatment of intermittent fever by large doses of quinine. An instance of the latter we have in the action of the same drug in some other forms of fever. A further and more striking example we have in the external application of cold to the febrile body. Though salicin and salicylic acid do sometimes have an antipyretic action their effect in this way is not marked, and is not to be compared to that of quinine. I have given both salicin and salicylic acid frequently and freely (thirty grains every hour for six hours, and every two hours for three or four days) in typhus, typhoid, cerebro-spinal fever, scarlet fever, diphtheria, and pneumonia, and in no case was there ever produced any decided antipyretic effect. On several occasions I have seen the temperature pulled down (temporarily of course) two or three degrees by a couple of ten-grain doses of quinine, after frequently repeated thirty-grain doses of salicin and salicylate of soda had failed to have any influence on it. My answer to the first question, then is—No; salicin and salicylic acid are not antipyretic to any useful extent. They are anti-rheumatic; and their beneficial action in acute rheumatism is due, not to their allaying the fever, but to their putting a stop to the whole process of the disease, and to all that constitutes it—the fever as well as the other symptoms. As a rule, relief of pain precedes fall of temperature.

Second, Which is the better remedy of the two? It was in November, 1874, that I began to use salicin. When, a little later, salicylic acid was introduced as an antiseptic, and before anything had been written of its antipyretic action, I tried it too as a remedy in rheumatism. It benefited the rheumatism, but caused at the same time so much irritation of the throat and stomach that I abandoned it in favor of salicin, and did not try it again till after the publication of Stricker's observations. For the last three years I have used the two remedies in about equal proportions. The result has been to convince me that salicin is the better remedy of the two. As this is not the generally accepted view, it may be well to indicate, first, the reasons why salicylic acid is more used than salicin; and, second, my reasons for regarding this preference as misplaced.

Salicin is prepared from the bark of different species of willow. The bark is removed in spring, when it contains the largest quantity of the bitter principle, so that the quantity in the market during the summer represents all that is to be had till the following spring. Previous to the publication of my paper, salicin was scarcely ever prescribed, and was kept by chemists chiefly as a curiosity. There was very little of it in the market. At that time I resided in Dundee. Before publishing my paper, I asked the leading chemists there to lay in a good stock of the drug, as I anticipated there would be a considerable run upon it. They did so, and I thus had the advantage of having at my disposal for further observation a good supply of the pure drug. The anticipated result took place. There immediately sprang up a great demand for it. The price when my paper was written was two shillings an ounce. It speedily rose to six, eight, and even twelve shillings; and ultimately ceased for a time to be quoted in the druggists' monthly lists. The demand far exceeded the supply, and no more bark could be had till the following year. And yet chemists continued to prescribe it. They could not have prescribed pure salicin, for it was not to be had. The combination of rise in price, great demand, and insufficient supply, lead to the usual result of such a combination—adulteration. The substance used for this purpose was boracic acid, and much of what was sold as salicin was, I have been informed, a mixture of boracic acid and salicin, or even of boracic acid and quinine. For this English chemists were not to blame. Salicin was made at that time only in Germany, and was probably prescribed here by retail chemists just as it was imported. To this adulteration of the drug is probably due the unsatisfactory results which some physicians got from it at the time to which I refer. It is now manufactured largely in this country as well as in Germany, is back to the old price, and there is

not the same temptation to adulterate it. Those who were formerly disappointed I would ask to try it again. The high price of salicin and the difficulty of getting it led to the free use of salicylic acid, which could be got cheaply and in any quantity by the new mode of preparing it from carbolic acid.

As anti-rheumatics the two agencies are on a par; acute rheumatism seeming to be as effectually and as speedily cured by the one as by the other. Equally good effects being got from both, it necessarily followed that the cheaper and more easily procured remedy got the preference over the dearer and scarcer one. Thus salicylic acid came into more general use than salicin. But there was yet another reason for this. Immediately after the publication of my original paper, Senator drew attention to it in an article in the *Centralblatt*, in which, as well as in a subsequent and more elaborate communication in the *Berlin Klin. Wochenschrift*, he expressed his preference for salicin as being more efficacious than salicylic acid. He further gave it as his opinion that salicin is converted into salicylic acid in the blood; and that its greater efficacy is due to the fact that it thus exercises its remedial action while in the nascent state. This idea of Senator's, that salicin is converted into salicylic acid in the blood, and that salicylic acid is therefore the true remedial agency, has been accepted by the profession with a readiness which, considering the absence of evidence to support it, is to me surprising. It is a mere hypothesis, in support of which Senator has brought forward nothing worthy of the name of evidence. The fact that a blue color is got when perchloride of iron is added to the urine indicates, not that salicylic acid has been taken or formed, but merely that one of the salicyl compounds exists in the urine, salicyluric acid, salicylic acid, salicylous acid, saligenine, would all give the same coloration. The fact remains, however, that Senator's idea was accepted; and that it was, and is, generally believed that salicin owes its anti-rheumatic virtues to its being converted into salicylic acid in the blood. His further idea, that the nascent salicylic acid thus formed is more potent than that taken by the mouth, does not seem to have been so readily grasped or understood. If, it has been argued, salicylic acid be the true remedial agency, why not give it at once and directly, instead of in a roundabout way? The result of this mode of reasoning has been a preference for, and the more general employment of, salicylic acid. It is curious to find that Senator himself prefers salicin, while those who pretend to follow him prefer salicylic acid; and that his reason for preferring the former is regarded by them as a reason for preferring the latter.

As already remarked, Senator's idea is a mere hypothesis. It is quite possible that salicin

may be converted into salicylic acid in the blood; but it is not impossible that salicylic acid may be converted into salicin; and more likely than either is it that both are converted into some other third substance. But there is no need for any such hypothesis. It is quite within the bounds of probability that two allied substances, such as salicin and salicylic acid, should exercise an equally beneficial action in a given malady; and our recognition of this remedial action does not impose upon us the necessity of denying the separate and independent action of either. The fact is that we know nothing certainly either of the changes which salicin and salicylic acid undergo in the system, or of the manner in which their anti-rheumatic effect is produced.

But I would do more than deny the existence of evidence in favor of Senator's view; I would assert the existence of positive evidence against it. For if that view were correct, if it were the case that salicin owed its therapeutic effects to its being converted into salicylic acid in the system, then ought both remedies to have the same action on the system. Now, though their action on the rheumatic poison is the same, their action on the system is not so, as is evidenced by the different results which are frequently got from their separate administration.

1. It is a fact that salicylic acid and salicylate of soda not unfrequently give rise to considerable and even alarming depression. Such an untoward effect is not produced by salicin. From a therapeutic point of view this is one of the most important points of difference between the two remedies. In a disease, such as acute rheumatism, in which the heart is apt to be involved, the absence of this tendency to cause depression points out salicin as a much safer remedy than salicylic acid. Its superiority in this respect is specially referred to by Senator, who, curiously, does not seem to see that the fact to which he directs attention is a strong argument against his view that salicin owes its therapeutic virtues to its being converted into salicylic acid in the system.

Of the depressing action of salicylic acid many instances are recorded. Several have come under my own notice. The following is of value as the unbiassed evidence of an intelligent, well-informed medical man, founded on his own experience of the two drugs. My friend and then neighbor, Dr. Sinclair, of Dundee, now physician to the infirmary of that town, suffered from an attack of subacute rheumatism last December. Before I saw him he had been taking salicylate of soda in twenty-grain doses with relief to the pain; but it so depressed him, and made him feel so wretched, that he said he could not go on with it. I recommended salicin instead. He took it in even larger doses than the salicylate, with

speedy relief to his rheumatism and without any untoward effect. On the contrary, he seemed, under its influence, to regain strength and appetite, and was soon quite well. The following is his own statement, given with his permission:—"Both drugs relieved the pain, tenderness, and swelling, when taken in full doses frequently repeated. But the salicylate, which I employed first, produced some very unpleasant effects. The taste I found to be disagreeably sweet and nauseous. After taking several twenty-grain doses, a copious perspiration was produced; the strength of the pulse was very distinctly diminished, while its frequency was increased; and a feeling of most uncomfortable depression, with singing in the ears, ensued. Indeed, I hardly knew whether the disease or the remedy was preferable. Salicin, on the other hand, has a pleasantly bitter taste; it improved the tone of my pulse and digestion, and relieved the pains more rapidly. Neither drug gave any relief except when taken in twenty or thirty-grain doses every hour for from six to twelve consecutive hours. It may be said that, had I taken smaller or less frequently repeated doses of the salicylate, I might have escaped all the disagreeable effects except the taste—itsself no small matter. But such doses produced no effect on my rheumatism. To my mind one of the great merits of salicin is the absolute safety with which large doses can be taken. In the course of one period of twenty-four hours I swallowed an ounce of it with nothing but benefit."

I have seen salicylate of soda produce very alarming depression, closely resembling that of the typhoid state. Not long ago I saw in consultation a case in which it was a question whether the fatal result was not due to the depressing action of the salicylate. By some this effect has been attributed to the presence of carbolic acid, consequent on faulty preparation. Such an explanation may have been applicable to some cases, but is not so to all. I have more than once seen marked depression produced by a solution of salicylate of soda in which no trace of such impurity could be found, and which was given to another patient in the same dose without causing any unpleasant effect. The worst effects that I have ever seen follow the administration of large doses of salicin are a sense of fulness in the head and singing in the ears; such symptoms as are commonly produced by large doses of quinine.

2. Further evidence against Senator's views of the mode of action of salicin we have in the fact that salicin cures cases of chronic rheumatism and of neuralgia in which salicylic acid fails to produce any effect on the ailment. Two instances I shall give by way of illustration.

Mrs. R.—, aged thirty, the mother of four children, had rheumatic fever when she was sixteen, and again when twenty-two, shortly

after the birth of her eldest child. Since then she has been subject to chronic pains, which are worse in damp weather, and affect chiefly the back and thighs. When seen in May, 1878, she complained chiefly of the thighs, the rheumatic affection seeming to have its seat in the fascia. She moved about the house with some pain and stiffness, and was unable to go out. The temperature was normal. There was some prolongation of the first sound at apex. I gave her twenty grains of salicin every two hours. The next day the pains were much less, and on the following day she felt quite well. She took twenty grains of salicin three times a day for ten days, and at the end of that time expressed herself as feeling better than she had done for years. In November of the same year I saw her again, suffering in the same way. This time I gave salicylate of soda in the same dose as I had formerly given salicin, twenty-grains every two hours. On the following day she was no better, but complained of feeling weak and giddy. She begged me to give her the powders again. I gave her twenty grains of salicin every two hours, and on the following day found her much better, the pains nearly gone, and the giddiness entirely so. She was quite well in two days.

A lady consulted me regarding a periodic neuralgia affecting the left supraorbital nerve. The pain came in the evening. She had taken many remedies. Quinine removed the neuralgia, but gave her such intense headache, and made her so ill for days, that she dreaded its effects quite as much as the neuralgic pain. I gave her thirty grains of salicin every two hours. On the evening of the day on which she began to take it the pain returned as usual, but she thought it less severe, and it lasted for a shorter time. She went on with the salicin, and the next evening there was no pain. She remained well, but continued the salicin every four hours for some days. Three months later the pain returned in the same nerve, and had the same periodic character. This time I gave salicylate of soda in the same dose, thirty grains every two hours. It made her head feel very heavy, and herself very uncomfortable but did no good to the pain, though she continued it for two days. At the end of that time it was omitted, and salicin given in the same dose, and with the same result, as before. The pain vanished, and did not return.

In the face of the evidence which has been given, it seems to me impossible for us to accept Senator's view that salicin is converted into salicylic acid in the system, and that it owes its therapeutic virtues to such conversion.

Salicin and salicylic acid are two distinct substances. Being so, they not unlikely have different actions on the system. It is possible that they may be eliminated from the system in the same form. There is some evidence to

show that such is the case, and that both are eliminated as salicyluric acid. But it is to be specially noted that their therapeutic effects have been produced, and their full action on the system exercised, before they have reached the stage of elimination and before they have undergone the changes which immediately precede it. Observation and evidence show that their action on the system is different—that the action of salicin is tonic, while that of salicylic acid is depressing, sometimes alarmingly so. This difference, be it noted (and the point is an important one), is quite compatible with their exercising an identical action on the rheumatic poison, and evidence all tends to show that their action in this respect is the same. To get the full beneficial effects of either remedy it is necessary to give it in large and frequently repeated doses—twenty to thirty grains, at first every hour, and then every two three, or four hours, as the symptoms decline. Salicylic acid and salicylate of soda cannot be given in such dose without some risk. Salicin may thus be given without fear.

The practical issue with which we have to deal is thus a very narrow one. Given two remedies which cure acute rheumatism with equal certainty and equal speed, but which, independently of their anti-rheumatic effect, exercise different actions on the system, which shall we prefer—that which has a tonic, or that which has a depressing action?—that which gives rise to no unpleasant effects, or that which may cause alarming, possibly fatal, depression? It may, indeed, be said that such large doses are not necessary. My answer is, that to get the full beneficial effects of either salicin or salicylic acid in acute rheumatism, such large doses are necessary. By smaller doses—ten or fifteen grains every hour or every two hours—an attack of acute rheumatism may be arrested in two or three days. But let the remedy be given in the larger dose, and the process of the disease may be arrested in half the time. In a malady which tends to involve the heart and entail on the patient the terrible results of an endocarditis, every hour is of consequence. Cut the malady short in one day, and you may ward off cardiac complications which may appear if it lasts for two or three. It takes about an ounce of salicin or of salicylic acid to cure a case of acute rheumatism. The sooner this quantity is got into, or rather is passed through, the system the better. My practice now is to give thirty grains every hour. By the time that an ounce has been thus taken—that is, in sixteen hours—the patient is generally free from pain, and the temperature at or near the normal. I then give thirty grains every two or three hours till another ounce is consumed. After that thirty grains are given three times a day for a week or ten days, to guard against the possibility of relapse. Not

unfrequently the patient feels better after three or four powders have been taken, and is practically out of the attack before the ounce is consumed. In such cases the interval between the doses may be widened after six or eight have been taken. Such is the course of events in favorable cases, and almost invariably their course in young subjects who have not previously suffered, or have done so only once or twice. In older subjects, who have had frequent and long-continued attacks, the acute symptoms may be as speedily allayed, but convalescence is more tardy and more apt to be interrupted. Cases treated by salicin seem to convalesce and pick up more quickly than those treated by salicylic acid or salicylate of soda.

Other of the salicyl compounds besides salicin and salicylic acid are available, and may prove of service. To only one of these would I now direct attention. Growing abundantly during the summer in our meadows, and by the sides of streams and ditches, is found the common meadow-sweet, the *Spiræa ulmaria*. The flowers of this plant contain a peculiar oil called *oleum spirææ*. This oil is salicylous acid. It is a slightly colored mobile liquid. Taken alone or dissolved in spirit, it has a hot, pungent taste. Like salicylic acid, it causes some irritation of the throat when swallowed. From the few observations which I have made, I am disposed to think that an infusion of the flowers of the meadow-sweet may prove a serviceable remedy in rheumatism. As the plant will soon be in flower, I throw out the suggestion now in the hope those who have the opportunity to do so may test its efficacy.—*Lancet*, June 21, 1879, p. 875.

MANAGEMENT OF NATURAL LABOR.

By P. W. LOGAN, M.D., of Stanford, Ky.

In order to fully understand and manage skillfully a natural labor, we should thoroughly acquaint ourselves with the pelvis and the entire generative sphere. We should correctly appreciate the normal dimensions of the foetal head; at the same time we must be ready to recognize every abnormal condition present or possible to arise. A thorough knowledge of the true pelvis and Carus curve is imperatively demanded. Dilation of the os uteri constitutes the first stage of labor. Uterine contractions alone complete and perfect this stage. It is therefore wrong and unnecessary to exhort a female in labor to bear down, until the second stage of labor has begun. This act is evidenced by expulsive pains, which are made up not only of uterine contractions, but also the contraction of the abdominal muscles and the diaphragm. We must distinguish true from false pains in

order to decide the question as to whether the woman is in labor. If labor has begun the neck of the uterus will have been obliterated as it were, the os tincæ rendered ductile and thin. In order to ascertain the condition of the uterus, etc., we must make a digital examination. This examination is best made while the patient is upon her side, this position being less embarrassing than any other. While making the examination, we are to ascertain, if possible the presentation and position, relative proportion of fetal head to the pelvic excavation, condition of soft parts, etc.

A natural labor is a labor which is accomplished by the natural powers of the system, beginning at about the two hundred and eightieth day after the last show of the menses, or the one hundred and fortieth day after a quickening, and generally terminating without interference or assistance. We will not speculate upon the proximal causes of labor. Presentations of the vertex, face and breech, constitute the normal presentations of the foetus, all other presentations being classed under the head of preternatural labor. Hemorrhagic labor, placenta prævia, concealed hemorrhage, post partum hemorrhage, hemorrhage following delivery of after birth, hourglass contraction, convulsions, exhaustions, cramp, prolapse of cord, carcinoma uteri, fainting, hernia, engagement of loop of intestine in front of womb, twins, triplets, monstrosities, version, deformed pelvis, rupture of uterus, etc., being treated under the head of preternatural labor, will not be included in this paper. In attending a labor, a physician should absent himself from the lying-in apartment as much as possible, from the fact that many times his presence embarrasses the patient and retards labor. The patient should be inspired with confidence and made as comfortable as possible, being allowed cold drinks, plenty of fresh air, cold sponging of hands and face, light covering, etc.

Should the rectum and bladder be in a loaded condition, their contents should be evacuated. In case of reluctant dilation of the cervix, venesection, aperients, injections, or the administration of castor oil is necessary. Castor oil, administered under those circumstances, "seems to relax the force of the retentive fibers of the uterus, just as it does that of the sphincter ani muscles. It encourages the expulsive powers of the womb as it does that of the colon, rectum, etc. Chloroform we find a good relaxing agent. Professor Thomas always gives his parturient patients chloroform, while in labor, usually beginning its administration when the expulsive pains set in, and states boldly that he has never witnessed any deleterious results from its use. He asserts positively that chloroform will do no harm when a female is suffering severe pain, if its administration is deferred until expulsive pains begin. The more intelligent physicians

of to-day agree with him upon this subject. Pressure upon the fundus of the uterus increases tenesmic force and overcomes obstruction. The position of the parturient female exercises great influence on the progress of labor, it being frequently hastened by changing the patient from the side to the back and vice versa, or allowing her to walk. Should the patient remain upon the back during labor, the shoulders should be considerably elevated in order to cause the foetus to properly engage in the pelvic excavation and follow the direction of Carus' curve. A woman who lies upon the back with the head and shoulders low, may suffer for hours unnecessary pain, from, the fact that the axis of the superior strait in this position is disregarded. The fetal head should always enter the pelvic excavation in a flexed position. Should the flexion and rotation not be sufficient, we must make traction upon the parietal ledge, thereby bringing the vertex to the proper position. To accomplish this the vectis is sometimes necessary. Should vaginal vesicocoele supervene, lift up the uterus, thereby allowing the bladder to empty itself and the vesicocoele will vanish. In the management of this trouble we have succeeded with the gum catheter when the metallic instrument was of no avail. When the perineum resists the expulsion of the head, it should be relaxed by the application of "mucilaginous fomentations to the genital region; by relaxing drinks, anodynes, emollient enemata and the warm bath." As a rule, when the pains are strong we must wait patiently.

The perineum should not be supported until it is somewhat on the stretch; then it should be supported in such a manner as to cause extension, from the fact that extension begins when the head reaches the floor of the pelvis or perineum, and continues until restitution is reached. The support of the perineum should be gentle and well directed, as too much pressure in the wrong direction might lead to its laceration. We gain time and assist in the expulsion of the head, by slightly pressing the vertex down with the aid of a napkin, so that it can pass under the arch of the pubis, thereby diminishing the pressure of the head against the perineum and hastening labor.

In case the cord is around the neck, pull the yielding end and pass it over the head or shoulders. Sometimes the cord is so tightly drawn around the neck as to endanger the life of the child or interfere with labor, in which event it should be cut immediately and tied after delivery. This, however, is *very rarely* necessary. The child, after being expelled, should be removed out of the reach of the liquor amnii, blood, etc., to prevent its suffocation. Should the child be still-born, efforts at resuscitation should be made as soon as possible, by applying hot water and turning it from side to side, as in Marshall Hall's ready method, by dashing

cold water upon it, and if necessary, resorting to artificial respiration. Efforts at resuscitation should be continued until we are certain that the child is dead. Immediately after the delivery we should place one hand over the hypogastrium, for the purpose of ascertaining whether there is another child, and whether there is sufficient uterine contraction to expel the placenta. Kneading the uterus through the abdominal parietes will almost always effect good contractions, after which we can safely wait a short time for the unaided delivery of the placenta. Should the placenta seem slow in being expelled, pressure should be made over the fundus of the uterus, which will force the organ down into the pelvic excavation. Frequently we succeed best by continued pressure, as interrupted pressure is attended with ascent of the uterus into the abdominal cavity, which retards the delivery of the placenta.

Should the placenta not come away, then the introduction of a portion of the hand, or, if necessary, the entire hand, should be made; then its removal, with the blood, can be accomplished. The attachment of the placenta to the uterus is by cellular tissue unless there be morbid adhesions, and not by inoculation of the vessels. The afterbirth is generally easily peeled off with the hand, but this step is not necessary until we shall have resorted to the usual means of its delivery, unless unusual hemorrhage is present, which event we should immediately proceed to empty the uterus in order that it may contract upon itself, thereby closing thoroughly the open mouths of the blood vessels.

The bandage should be sufficiently wide to reach below the hips in order to prevent its slipping up or down. The accoucheur, in the language of Professor C. D. Meigs, should watch his patient for at least an hour after delivery, as the cat watches the mouse. The woman's safety lies in a firmly contracted uterus. After delivery we should ascertain whether there be inversion. "Should inversion be present we should immediately introduce the hand and deliver the afterbirth or push the fundus back to its place, and forbid the patient to make any straining or expulsive effort." In effecting the delivery of the placenta, undue tension should not be made upon the cord, lest we invert the uterus.

Afterpains naturally accompany uterine contractions after delivery, and frequently increase in severity with the birth of each child. They commence soon after delivery and continue for several days; they are produced spontaneously or by reflex irritation brought about by applying the child to the breast, etc. For relief of the afterpains some preparation of opium is usually prescribed; sometimes an anodyne embrocation applied to the breast will assist in giving relief.

The inner surface of the uterus after delivery

has been compared to the granulating stump of a recently amputated limb. The condition is attended with a lochial discharge which is offensive, and usually continues for several weeks. Females should not sit up too soon after delivery, lest a fatal hemorrhage should supervene. In case of hemorrhage after delivery of the afterbirth, "always turn out the clot," remembering that the safety of the female lies in an empty and well contracted uterus. Diet during the puerperal state for the first few days should be light and unstimulating, consisting principally of milk. Professor Thomas, of New York, always gives his patients milk during their lying-in state; he considers it the best and most innocent article of diet for the lying-in female. There is, however, in the rural districts of Kentucky, much prejudice existing in the minds of the more ignorant against the use of milk just after confinement.

A labor of longer duration than twenty-four hours is considered preternatural and demands interference. The os uteri and perineum being dilatable, a vagina short and capacious is favorable, the opposite giving rise to protracted labor. Sometimes one portion of the parturient canal is relaxed and another contracted, one part of the labor being rapid and another slow and tedious. There is sometimes sudden failure of the pains; on the other hand, sluggish and feeble pains suddenly become strong and energetic, making our prognosis as to time of delivery uncertain. As a rule the membrane should not be ruptured until the os is fully dilated. Sometimes, however, a superabundance of liquor amnii necessitates earlier rupture of the membranes, as labor is thereby greatly assisted and hastened. The membranes in the primiparous patient, as a rule, should not be ruptured at all, or at least not until the perineum is put upon the stretch, from the fact that sudden evacuation of the liquor amnii and powerful uterine contraction may diminish the placenta site, thereby resulting in its premature detachment, which would be attended necessarily with hemorrhage. During first, and early part of second stage of labor, the direction of the axis of the womb should be observed; at the same time we should counteract anteversion, retroversion, or obliquity to right or left.

In supporting the perineum, the head should be pressed, during its passage; close to the pubis, so as to strain the perineum as little as possible. The cord should be tied so as not to include the bowel, should umbilical hernia exist. The lying-in female should always make an effort to evacuate the contents of the bladder within eight hours after delivery, whether she has any desire to urinate or not, as the sensibility of the organ is sometimes so diminished that it does not respond to the presence of the urine, and will continue to fill until cystitis or some other trouble is developed.

The infant should be allowed a sufficiency of breast milk, and all the sleep possible for it to have; its penis should be looked after within three or four days after its birth. We sometimes meet with jaundice in the infant, which trouble is supposed to arise from the change effected in the circulation of the liver by the establishment of respiration and the arrest of the current of blood between the penis and the liver. This usually disappears as the liver becomes accustomed to the conditions of intra-uterine life.

In the management of natural labor, we meet with presentations of the vertex, face and breech. The vertex has six positions, viz., vertex, to the left acetabulum, vertex to the right acetabulum, and vertex to the pubis; forehead to the left acetabulum, forehead to the right acetabulum, and forehead to the pubis. The above being Meigs' classification, and in my opinion the simplest and best for all practical purposes. In the first position of a vertex presentation, the head descends into the pelvic excavation flexed, comes in contact with the inclined plane of the ischium, rotates toward the pubis, and engages upon the floor of the pelvis (the perineum) when extension begins, and continues until the head is expelled, when rotation of the shoulders produces the last act of this mechanism, restitution.

The mechanism being the same in the second position of the vertex presentation as that of the first, except rotation is from right to left, the head assuming a position in the act of restitution corresponding with the position of the vertex in the second position. In the third position, vertex front, or to the pubis, we have no rotation, but extension and restitution. In the fourth position the vertex is rotated from the right sacro-iliac junction to the right acetabulum, thereby converting a fourth into a second position. In the fifth position the vertex is at the left sacro-iliac junction, but is rotated by the mechanical form of the pelvis to the left acetabulum, thereby converting it into a first position. In the sixth position we find the vertex at the promontory of the sacrum. This position is usually converted into the fifth, then into the first with little or no assistance, but the position is very rare. When the head presents extended, we have a face presentation, the chin being at one side of the pelvis and the forehead to the other. There are two positions of the face, in either of which the chin should be brought to the pubis.

When the face presents the chin must be born first, from the fact that the occipito-mental diameter is greater than any diameter of the pelvis. The chin should (if not of its own mechanical force rotate to the pubis) be brought to the pubis, lest rotation into the hollow of the sacrum might necessitate embryotomy after a hard and protracted labor.

Therefore in face presentations always bring the chin to the pubis, unless rotation to the pubis is effected spontaneously.

Delivery by the face can be accomplished spontaneously and without assistance from the accoucheur. When it is possible we should restore the flexion by pushing up the forehead and bringing down the vertex, but should failure attend our efforts in the accomplishment of this end, we invariably bring the chin to the pubis, in order that it may escape first, thereby allowing flexion to take place as soon as possible.

Obliquity of the womb is supposed to be a cause of face presentation; it is therefore important to correct uterine obliquity.

The reference to two face positions are quite sufficient. In the first position the forehead is to the left, and the chin to the right side of the pelvis; in the second position the forehead is to the right, and the chin to the left side of the pelvis. In either position we bring the chin to the pubis.

In face presentations, the face of the child is swollen and otherwise disfigured; we should, therefore, notify the mother prior to the birth of the child that such will be its condition, thereby preventing the attachment of unnecessary blame to the accoucheur. While presentation of the breech is a perfectly natural presentation, the life of the child is in much greater jeopardy than if the presentation were cephalic. We have about one breech presentation in every fifty cases of labor, and about one in every five cases is fatal to the fetus. The danger arising from breech cases results from asphyxia, which is due to compression of the cord, detachment of the placenta before the head is born, compression of placenta between the uterine parietes and the head of the infant; also constriction of the placental superficies of the womb during the time the child's head lingers in the vagina, the placenta-fetal circulation from this cause being interfered with and respiration prevented because of detention of the head; the life of the child (under these circumstances) if not sacrificed, is in imminent peril.

We should not hesitate, in the case of a breech presentation, to make considerable traction upon the body of the child, in connection with traction made upon the inferior maxillary, there being much more danger from asphyxia or suffocation than from injury of the spinal cord sustained by traction. We may save the life of the child by introducing two fingers into the vaginal canal and pressing the soft parts away from the mouth and nose of the fetus, thereby allowing it to breathe and cry lustily until there is sufficient tenesmic force developed to cause its expulsion.

Being thoroughly acquainted with the normal conditions attending a natural labor, we can readily anticipate and recognize an abnormal or preternatural condition, which should be taken

advantage of in due time. A natural labor may become preternatural; we should, therefore, constantly during our attendance upon the parturient female, be upon the alert and fully prepared for any emergency. By passing the finger along the linea ileo-pectinea, we ascertain the relative size of the foetal head and pelvic excavation. Presentation of the foot or knee is simply a deviation of the breech presentation. Artificial irritation of the os uteri will increase uterine contraction, and is frequently resorted to; the introduction of a gum catheter into a lazy uterus will increase its contraction. A physician in New York reports a number of cases of rigid os as having yielded readily to the injection of atropine into the substance of the womb. As a last resort, in case of rigidity of the os, we would force dilation by introducing one finger after another until sufficient dilatation was produced.

With reference to puerperal convalescence, Dr. Goodell writes as follows: "See to it that the patient has a good getting up. Lactation should be encouraged, and from the first day the diet should be generous." Premature exertion should not be allowed. On the other hand, the recumbent posture should not be too rigidly enforced, as it may, in some instances, retard the passage of clots and lochial discharge and induce local congestions of the uterus. The patient, after confinement, should be allowed ordinarily to sit up whenever she feels sufficiently strong and well enough to do so. The obstetric binder, when worn too long, weakens the retentive power of the abdomen and causes the uterus to press unduly upon the vena cava and the pelvic veins, whereby the uterine circulation is interfered with and the process of involution interrupted. Interruption of this physiological process leads to too long a continuance of the lochial discharge.

Unhealed lacerations of the cervix uteri are also a cause of protracted lochial discharge. Astringent vaginal injections and the administration of iron, ergot and nux vomica, with a liberal use of wine, beer, etc., is advised in this condition. A vaginal wash containing carbolic acid is recommended after abortions and labor, because of its tendency to prevent septic disease. With reference to the communication of septic or puerperal disease of a specific or contagious character by a medical attendant during or after labor, we must state that if such disease is communicated by a physician, it would be developed within three days after the termination of labor, from the fact that the peculiar poison which produces the specific or contagious form of puerperal disease will have been absorbed before the raw surfaces are granulating. The granulating process occurs by the third day after labor, after which time the absorption of septic material does not take place. Therefore, puerperal disease, occurring twenty

days after confinement, could not be attributed to infection or contagion communicated by the medical attendant who had delivered the patient twenty days prior to the inception of puerperal disease.

Prof. Barker, of New York, states that "septic absorption must arise from traumatic lesions, which lesions are granulating by the third day, after which septic absorption cannot take place. Should absorption take place at the time of delivery, the effects of the poison will be developed by the third day." It is therefore impossible for a female, twenty days after birth of her child, to be stricken down with puerperal or septic disease arising out of the attendance of a physician twenty days before the inception of her disease.—*St. Louis Medical and Surgical Journal*.

THE CANADA MEDICAL RECORD, A Monthly Journal of Medicine and Pharmacy.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

ASSISTANT EDITORS:

E. A. KENNEDY, M.A., M.D.

JAMES FERRIGO, M.D., M.R.C.S. Eng.

EDITOR OF PHARMACEUTICAL DEPARTMENT:

ALEX. H. KOLLMYER, M.A., M.D.

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MONTREAL, APRIL, 1880.

THE MONTREAL GENERAL HOSPITAL.

The position of an Attending Physician to the Montreal General Hospital has, so far as our memory enables us to speak authoritatively, always been considered one of honor. As a consequence it has been much sought after, but as vacancy succeeded vacancy, and was filled, it has long been noticeable that there remained, not alone among the defeated candidates, but among a very large number of the profession, a sense of injury, which was unaccountable, upon the plea of simple defeat and sympathy with defeated candidates. Why this state of things? Simply because the unsuccessful candidates have felt that they never have had an honest chance for success, and this feeling finds an echo among the profession in the city of Montreal. We believe that this feeling is a just one, and that it is high time the Governors of the Institution took the matter up and adopted some means

whereby every member of the profession shall, when a vacancy occurs, have an equal start, and a chance for a fair, open and manly contest. It is not so at present, or we would not hear the mutterings which are so frequent as to be almost universal, and which have already found utterance in the public press. Perhaps we should be more specific in stating what it is, so many of the profession complain of. It is simply this: That the Medical Staff of the Hospital, or at all events a portion of them, act as if the Institution was their own special property, and upon them devolved the duty of electing their colleagues. It is true the elective power is in the hands of the Governors, but a portion of the Staff act as if they were a Committee of Nomination, and, by keeping the knowledge of a vacancy occurring from getting abroad, endeavor thus to favor the candidate who in their opinion should fill the vacancy. This gentleman at once starts upon the canvass, *as do also some of the Staff*, but, by keeping within the circle upon which they bring the most influence, the news does not spread for some time. When it does get out, and the other candidates enter the field, it is at an enormous disadvantage, for they find that, what with thoughtlessness and the personal pressure brought to bear upon them, a large number of the Governors, possibly sufficient to carry the election, have pledged themselves to the first candidate who had called upon them. Now all this is radically wrong—nay it is more, it is positively outrageous. The member of the Staff who intends to resign should communicate his intention to some officer of the Hospital, who should at once, by advertisement, announce the vacancy, and ask for applications. Moreover, the Staff from motives of delicacy, not to speak of the general relations which they ought to bear to all their brother practitioners, should abstain from all participation in the canvass. As to the duty of the Governors, we think that a constituency so intelligent should not pledge themselves to the first candidate who may call upon them. On the contrary we hold the opinion that, until ample time has elapsed to enable *all* the candidates to place their claims before them, or even until all who have sent in applications have called upon them, they should hold themselves unpledged, and then weighing all the facts, come to an in-

telligent decision as to their vote. What are the facts which should influence them in coming to this decision? We will try and point out some of them, and endeavor to show that in all similar institutions throughout the world a very different policy is carried out to that which prevails among the Governors of the Montreal General Hospital. Here a large number of the Governors have become educated, through the influence of a few, to look upon the Hospital appointment as being the perquisite of the young physician, who, having influential friends to back him, is elected to a field golden with opportunities, in which he is expected to receive that practical information which will make him *entirely* worthy of public confidence. In other words, the young man occupies the Hospital chariot, and he rides into practice upon Hospital patients. It is not so elsewhere. When a vacancy occurs in most, if not all the large Hospitals of the Mother-land and the United States, the selection is made from among those who, by force of industry, perseverance, and successful practice among the public, have made for themselves a professional reputation. This class of men, on election to an Hospital, carry to it the reputation which they have won, and they at once give to its patients the benefit which that experience is capable of exerting. It is surely worth something to be able to guarantee poor patients, who may be *compelled* to accept Hospital treatment, that the physician who attends them has already proved his success upon those who *willingly* sought his service. To the students who may follow him around the ward, such a man is invaluable. He may not sit up half the night, that on the morrow he may recite a treatise upon one or two of the prominent cases under his care, but, day by day, he will be able to give out of the storehouse of his experience valuable remarks, valuable because of their practical character. The Hospital is not the place to study the theory of disease; there all should be of a practical character. Is the young man just entering on his professional career the one to give such information? We think not; rather will it be got from him who, by day and by night, has worked out his destiny, and has at last compelled the public to admit that he is worthy of the best confidence they can bestow upon him.

In years long gone by there possibly may in Montreal have been difficulty in filling appointments in the manner we indicate, but certainly within the last fifteen years half a dozen such men could have been had for every vacancy which has occurred. Our contemporary, the *Canada Medical and Surgical Journal* for April, has an editorial upon this subject, and with much of it we agree. We, however, think that in some of his arguments he is not quite logical. For instance, he complains that one of the candidates has used political influence to secure votes, and this he most strongly condemns. At the same time he admits that, other things being equal, private friendship and ordinary social influences will always turn the scale. Where in lies the difference? Suppose we transpose it thus: other things being equal, political influence will always carry the day. Surely the one which is most powerful will carry the day, and, as political is more powerful than personal or social influence (an admitted fact), what objection can he offer against the one which is not valid against the other, "other things being equal." Our contemporary complains also of one of the candidates having got as many of the Governors as he could to sign a paper in his favor, "a thing hitherto unknown." Were the Hospital Staff and the Governors to accept the advice we have given them in this article, such action would be unnecessary, but, as matters stand at this moment, we for our part feel that any action which candidates may feel necessary to take in their own interest must be judged with a lenient eye. It is not pleasant to have votes taken from you "because Governors are told that the election of the one they had pledged to, would be a calamity to the Hospital," and yet that such instances have occurred we are assured is the case. There are other points connected with these Hospital appointments which we may subsequently write about. In the meantime we have said sufficient to show that the manner in which they are made is not that which prevails in the majority of similar institutions elsewhere, and that it is not satisfactory to the majority of the profession in Montreal. If any one is prepared to deny our assertion, we are willing to go to proof.

PUERPERAL MALARIAL FEVER.

Dr. Fordyce Barker has read a paper with

the above title before the Medical Society of the County of New York. It throws some light on cases that might have passed under the category of puerperal fever or septicemia.

He states: "The most prominent symptoms were chills, sometimes very slight; a temperature higher by one or two degrees, frequently, than was found in the beginning of any other puerperal disease; rapid pulse, greater prostration than was usual with other diseases during this period. After such an explosion, there was a remarkable remission on the following day, but the alarming symptoms returned after one, two or three days, yet usually less severe. Only typical cases presented such a succession of phenomena." Dr. Barker's treatment consisted of Warburg's tincture, which he found more effective in producing the desired results than the largest doses of quinine.

Quite recently we had in our own practice, on Ontario street, a case answering to the above description. The first attack began five days after confinement, consisting of a severe chill, followed by a hot stage, a temperature of 104° , and a quick pulse. A ten grain dose of quinine was given. The next day she was much better, the temperature almost normal. She complained of excessive prostration, but this rapidly lessened during the next twenty-four hours. On the third day from the first attack, and at about the same hour in the afternoon, another chill was experienced, followed by similar symptoms as the first. The temperature did not rise higher than 103° , but the prostration was as extreme as with the first attack. These attacks came on every third day for two weeks. The confinement was a normal one in every respect. Our patient had never lived outside of the Province of Quebec. The lochial discharge was normal, but was lessened during each explosion, and returned during the interval. The lacteal secretion was abundantly established, but disappeared during the illness and did not return. If we remember that Montreal, at least some parts of it, is built upon low lying ground, as Ontario street, which was a marsh as far as it extends eastward, and as most of us have had occasional cases of ague originating here, perhaps the gate is open for further investigation into the action of malarial poison upon parturient women. Some years ago, ague was common enough in Griffintown, but no record has come to light how it affected lying-in cases.

DOCTORS' BILLS.

The *New York Medical Record* has a spicy article on this subject, from which we cull a few paragraphs. After alluding to the difficulty of collecting this kind of bills, the writer remarks:—

Willingness to pay the doctor is too often narrowed to that short period when the grateful patient can focus his pocket-book through his tears. In looking over the items in his day-book, the physician can now recollect when was the favorable opportunity for receiving the fee, and how he missed it. Then, any sum would not have been too great to pay him for the relief of pain or the actual saving of life. The doctor smiles now as he thinks of the pretensions of his grateful patient, and verifies afresh the forgetfulness of impetuous gratitude. The man who then would have no other attendant now apparently feels so many obligations to the one who once saved his life, and whom now he owes, that he does not wish to trouble him any more. His readiness to pay at the time he thought his wife was dying, or when his Harry was snatched from the jaws of death, has vanished into the shadowy uncertainties of a more convenient season, and he now comforts his conscience that, after all, it was nothing more than an ordinary service, and the doctor can wait for his money. . . .

To return to the relations of gushing thankfulness to actual pay,—what a sorry lesson does the man of experience learn in studying them! We almost imagine him to be cold-hearted, when, unmoved, he listens to the tearful acknowledgments of Jones when Johnny is out of danger; to the outpourings of generous sentiments by Mrs. Black when Cræsus Black, Esq., is again restored to health. Nor must the younger practitioner believe his elder brother to be unthinking or profane if, when long after he bill is due, he hears him humming Rabelais's couplet concerning the sick devil who thought of becoming a monk. When the young man's ledger is four or five years old, and he refreshes his memory concerning promises of patients unfulfilled, he too will become a trifle suspicious, and learn to sympathize with his seniors. It has often been said, even by those who are disposed to pay every one else promptly, that physicians should never be in a hurry for their money. Really, it would seem that the services

of the doctor are placed even below those of the plumber in regard to the time and willingness for payment. On the other hand, it is well-known that, in the majority of cases, the longer the bill is deferred after the thankful, appreciative, or tearful period, the less the chances are of getting it at all.

In a subsequent number of the same journal a physician gives the following amusing experience, called to mind by the article from which we have quoted:—

I was called at midnight to visit a gentleman who had just returned from a late dinner, where he had succeeded, by hasty eating, in lodging a large fish-bone in his throat. I provided myself with an emetic, a pair of œsophagus forceps, and other paraphernalia designed to give him relief, and hurriedly repaired to his room. I found him pacing up and down the floor with a look of intense distress and anxiety, occasionally running his fingers down his throat and gagging. He told me, in tones of despair, that he thought it was all up with him, but begged me, if the least glimmer of hope remained, to proceed at once in my efforts to relieve him. He extravagantly declared, in the generosity of spirit begot by the vividness of his fears, that he would give a million dollars to have that fish-bone removed. I assured him that such cases were frequent, and ordinarily not attended with much danger, before proceeding to carry out measures for relief. His fears underwent some diminution on the strength of this, and he then declared that fifty thousand dollars would no more than repay the skill and art required to extricate the unwelcome intruder. I smiled and proceeded to introduce the forceps, but, after several attempts, failed to grasp the bone. His fears again induced him to mention a fabulous sum as the meed of the service that would expel the object of his terrors. I then gave him the emetic, its depressing effect causing his generosity to rise again, barometric-like, to a very high pressure. In a little while the emetic disburdened him of the greater part of his dinner and with it up came the fish-bone. He gave a sigh and a look of relief, and solemnly looking towards me said, "Doctor, I wouldn't have that thing in my throat again for five dollars!"

My fee eventually resolved itself into the "valuable experience" that the occasion afforded me.

VOLUNTEER MEDICAL OFFICERS.

The following general order appears in the *Canada Gazette* of the 27th of March :

HEAD QUARTERS,

Ottawa, 24th March, 1880.

GENERAL ORDERS (6).

No. 1.

Retired Rank to Surgeons.

Under provision of an order of His Excellency the Governor General in Council, dated 12th March instant, Surgeons who have served consecutively during fifteen years as Assistant Surgeon or Surgeon in any Corps of Active Militia, the last five years being in the rank of Surgeon, may be placed on the Retired List with the rank of Surgeon; and to those who after twenty years service as Assistant Surgeon or Surgeon in any Corps of Active Militia, of which the last ten years have been in the rank of Surgeon, the rank of Surgeon Major on the Retired List may be granted.

We do not believe that this order will prove satisfactory, as to obtain the rank of Surgeon Major you not only have to serve twenty years but you must likewise resign. The time is too long, and the necessity of resignation to obtain it is, to say the least, not fair and reasonable. We have so fully and so recently expressed our views on this matter that we will not now repeat them, beyond saying that the sooner the Militia authorities concede the demands which are made on behalf of Medical Militia officers, the sooner will contentment reign among them. They only ask what is granted to their fellow practitioners in the British Army. Surely that is not an unreasonable request. We have reason to believe that the Minister of Militia and his subordinates have the interest of the force at heart, and are anxious to do what they can. This is, however, a professional matter, and not one but a professional man, and he a member of the Volunteer force, can thoroughly understand

tal for its Medical Faculty. The necessary alterations have been commenced, and it is hoped that in less than three months it will be ready for occupancy. Few buildings in the city can be so readily transformed into a Hospital, of really excellent accommodation, and its situation must attract considerable surgical material. It is within five minutes walk of the berths of three large steamship lines, while seldom less than a dozen other steamships are berthed within easy distance of it. It will thus come in for its share of accidents. It is said that the Seminary of Montreal have guaranteed the rent, and that the nursing will be done by the Sisters of one of the Convents, on condition of their getting the money from private patients.

THE WOMAN'S HOSPITAL OF MONTREAL.

The first building of the Western Hospital being completed, and ready for occupancy, and the Corporation of the Western Hospital not seeing the way to open it as a General Hospital, it has been leased to the Women's Hospital of Montreal. This Institution has during the last seven years been in operation at 51 St. Antoine street, principally as a Lying-in Hospital in connection with the Medical Faculty of Bishop's College, although now and then its beds have been occupied with patients suffering from diseases peculiar to women. It also has had a very considerable out-door clinic on female diseases. It is now proposed to extend the operations of the Institution, and this large and beautiful building having been secured, a committee of influential gentlemen has been organised, who will assist in its management. It is proposed to have about twenty lying-in beds, and ten beds for female diseases. There will be eight private wards, at the disposal of any physician in the city of Montreal, a boon which we believe will be appreciated by them. The situation of the institution is most beautiful, being on the outskirts of the city, and its sanitary position is all that could be desired. We believe it will grow in importance, and that in a very few years Montreal will be able to boast of possessing a Woman's Hospital which will do it no discredit.

LAVAL UNIVERSITY HOSPITAL.

We have been informed upon good authority that Laval University has secured the old Donegani Hotel in Notre Dame street as an Hospi-

UNIVERSITY OF BISHOP'S COLLEGE.

FACULTY OF MEDICINE.

The Ninth Annual Medical Convocation of Bishop's College was held in the Synod Hall, Montreal, on the 7th April. R. W. Heneker Esq., Chancellor of the University, occupied the chair, supported by Rev. R. W. Norman, Vice-Chancellor, and His Lordship the Bishop of Montreal. The attendance was very large, the ladies turning out most numerous. The Dean of the Faculty, Dr. David, read the following report:

REPORT FOR SESSION 1879-80.

The number of matriculated students during the session just closed was 27. Of this number two were from the Province of Ontario, one from the United States, one from the West Indies, and the remainder from the Province of Quebec.

The attendance and the general good conduct of the entire class was such as to give the Faculty entire satisfaction.

This year being the last of the three years for which the Assessors who watch the examinations on behalf of the Provincial Medical Board were appointed, these gentlemen took occasion, at the close of the examinations, to express the extreme gratification which everything connected with the College had given them, the practical character of the teaching being evidenced in the examinations, especially the written examinations, extending as they did over two entire days from 9 in the morning till 10 at night, with short intervals for meals.

The following gentlemen passed Botany:—C. Dexter Ball, Stanstead, Q., prize; Edmond Labrie, Chicopee Falls, U. S.; William Albert MacKay, St. Eustache, Q.

Passed Practical Chemistry—Frank M. R. Spendlove, Ayer's Flats, Q; Heber Bishop, B.A. Marbleton, Q. [both these gentlemen received honourable mention]; Ninian C. Smillie, Montreal, Q.

Passed Practical Anatomy—Heber Bishop, B.A., Marbleton, Q; Ninian C. Smillie, Montreal, Q; Walter DeMouilpied, Nicolet, Q; Robert H. Wilson, Montreal, Q. [all honourable mention]; Francis Joseph E. Tetrault, St. Pie, Q; Edmond Labrie, Chicopee Falls, U. S.; Charles S. Fenwick, Montreal, Q.

Passed Materia Medica—Frank M. R. Spendlove, Ayer's Flats, Q; Philip Dubé, Quebec, Q; Charles S. Fenwick, Montreal, Q; William C. McGillis, Montreal, Q.

Passed Physiology—Charles S. Fenwick, Montreal, Q.

The following gentlemen passed their examinations upon all the primary branches [Chemistry, Anatomy, Materia Medica and Physiology]:

—Heber Bishop, B.A., Marbleton, Q, prize; Ninian C. Smillie, Montreal, Q, honourable mention, and, in the order of merit: Walter De Mouilpied, Nicolet, Q; Francis J. E. Tetrault, St. Pie, Q; Robert H. Wilson, Montreal, Q; Edmond Labrie, Chicopee Falls, U. S.

The final examinations for the Degree of C. M., M.D. consists of the following branches:—Principles and Practice of Medicine, Theory and Practice of Surgery, Obstetrics and Diseases of Women and Children, Medical Jurisprudence, Clinical Medicine, Clinical Surgery, Pathology, and Hygiene. This examination was passed by the following gentlemen, whom it will be my pleasing duty to present to you, sir, for graduation—Henry B. Chandler, Barbadoes, West-Indies, "The Wood" gold medalist; James Leslie Foley, final prizeman. [The contest between these two young men was extraordinary close, there being at the termination but 15 marks between them.] Louis Henry Ulric Gill, Napierville, Q, honourable mention; Edmond Labrie, Chicopee Falls, U. S.; Philip Dubé, B.M., Quebec, Q; Francis J. E. Tetrault of St. Pie, Q, also passed all his final examinations, taking his place fourth on the list, but, owing to his being under age, he cannot receive his degree to-day.

PRIZES.

Henry B. Chandler, of Barbadoes, W. I., takes "The Wood" gold medal. This gold medal is awarded to the graduate in the Faculty of Medicine who has attended at least two sessions at Bishop's College, and has attained the highest number of marks in all the subjects of both primary and final. [Mr. Chandler, who this year obtains the medal, has passed the entire period of his studies, the four years in Bishop's College.]

James Leslie Foley, Montreal, final prizeman.

Heber Bishop, B.A., Marbleton, Q, primary prizeman.

Ninian C. Smillie, Montreal, takes senior disector's prize.

C. Dexter Ball, Stanstead, Q, takes junior disector's prize.

C. Dexter Ball gets the botany prize.

Certificates of Honourable Mention have been granted to the following gentlemen:—For Practical Chemistry—Frank M. R. Spendlove; Heber Bishop, B.A.

For Practical Anatomy—Heber Bishop, B.A.; Ninian C. Smillie; Walter DeMouilpied; Robert H. Wilson.

For the Primary Examination—Ninian C. Smillie.

For the Final Examination—Louis Henry Ulric Gill.

At its conclusion the oath of allegiance was administered to the graduating class by the Chancellor, afterwards "God save the Queen" was sung, and then the Medical oath was taken, Dr. F. W. Campbell swearing the graduates.

CONFERRING OF DEGREES.

The candidates for degrees were now called up, and the Chancellor, after reciting the usual Latin form, handed The University parchment in a tin case to each of the lucky men.

PRIZES AND HONOURS.

The presentation of prizes and honourable mention certificates now took place. Dr. Chandler, the Wood gold medalist, on being called up, was greeted with wild applause, as was also his rival for the prize, Dr. Foley. Both are very youthful in appearance, and in the examination were very close, out of 5,000 marks only fifteen marks separated them on the final.

Bishop Bond and Vice-Chancellor addressed the Convocation, and thus terminated the most successful Convocation this young Faculty has yet had.

PERSONAL ITEMS.

Sir Thomas Watson, Bart., M.D., celebrated the eighty-eighth anniversary of his birth in London on the 7th of March.

Dr. Wilks, of Guy's Hospital, has been appointed physician to the Duke and Duchess of Connaught, in succession to Dr. Murchison; deceased.

REVIEWS.

The Hypodermic Injection of Morphia, its History, Advantages and Dangers, based on the experience of three hundred and sixty Physicians. By H. H. KANE, M.D. New York, Charles L. Bermingham & Co.

This work of between 300 and 400 pages is the result of the replies to six questions, propounded some year or so ago by Dr. Kane of New York, and published by nearly every medical journal in the United States, Canada, and also in Great Britain. These answers have enabled Dr. Kane to construct a work of rare interest and importance, and as it may be well said that no physician has his armamentarium complete without a hypodermic syringe, so, with equal truth may we now add, no one who uses this syringe can afford not to be possessed of Dr. Kane's work. So common in use has this little pain destroyer become that it is resorted to, we might with truth say, without

fear, and with often but little thought of the difficulties which may follow. That all is plain sailing, this book shows us, is not always the case. A perusal of it will we believe instil an amount of caution into those who employ it, and this can but be productive of good. We are glad to notice Dr. Kane writes strongly against entrusting the hypodermic syringe, for use, into the hands of any but medical men. We know of cases where it (on the advice of the medical attendant) forms a portion of the family medicine chest. This should not be.

Sore Throat, its Nature, Varieties and Treatment, including the Connection between Affections of the Throat and other Diseases. By PROSER JAMES, M.D., Physician to the Hospital for Diseases of the Throat and Chest. Fourth Edition, illustrated with hand-colored Plates. Philadelphia, Lindsay & Blakiston, 1890. Montreal, Dawson Brothers.

This is a very popular work among British Practitioners, as is evidenced by the fact that the third edition was exhausted within three months of its appearance. The fourth edition, which is the one now before us, has received very careful revision at the hands of Dr. James, who is regarded throughout Britain as a most enthusiastic worker, and (what is even still better) careful observer in this specialty. As might therefore be expected, this work is one of very considerable merit, dealing with the various varieties of sore throat in a practical manner. It is not intended to be an exhaustive work, but as a fair-sized treatise it would in our opinion be very hard to surpass it. We have, however, to say that the illustrations are in our opinion not quite up to the mark.

Headaches, their Nature, Causes and Treatment. By WILLIAM HENRY DAY, M.D., M.R.C.P.L., Physician to the Samaritan Hospital for Women and Children. Third Edition with Illustrations. Philadelphia, Lindsay & Blakiston, 1890. Montreal, Dawson Brothers.

This little volume appeals at once to our sympathies, and entices to a perusal from its very title. Of all the common ills to which flesh is heir, headache is indeed a common one. Hardly a day passes in the practice of those who receive even fair encouragement from the public without this *symptomatic* disease claiming a share of attention. Its weariness is exhaust-

ing, and its persistency in spite of treatment is vexatious. We sometimes have heard patients exclaim, "They never knew what a headache was," and we have been ready to reply, "Happy mortal, thou dost not know one half the cares of life." Few, however, can so declare; headaches, many of them we are sorry to say *quite* preventible, are the lot of the many, and while our skill is required in their treatment, works such as the one now before us will always claim attention. We believe also they receive general encouragement. We have read various chapters of the book with much pleasure and, we can truthfully add, profit, but we have been especially pleased with the last one, "On the Headaches of Childhood and Early Life." This is one which should be read by every father, mother and teacher in the land. If the principles which it inculcates could only be carried out, many a fair and lovely flower would be saved, childhood would not be robbed of its growth to supply the demand for brain material, and the future men and matrons of the land would be wonderfully improved specimens of the human race. We need hardly say that we commend most strongly this book to every reader of the RECORD.

MEDICO-CHIRURGICAL SOCIETY.

MONTREAL, March 19, 1880.

The ordinary meeting was held this evening. In the absence of the President and Vice-Presidents Dr. Hy. Howard was elected to take the chair. There were present Drs. Hy. Howard, Trenholme, Kennedy, MacDonald, Kerry, Finnie, Ross, Gardner, Guerin, Armstrong, Brodie, Browne, McConnell, MacDonald, Bessey, F. W. Campbell, Larocque, John Reddy, Shepherd, Hingston and Edwards.

Dr. OSLER exhibited:

- 1st. Tumor of the thyroid.
- 2nd. Dermoid cyst.
- 3rd. Two cases adherent pericardium—endocarditis—incompetency of the valves.
- 4th. Mitral stenosis.
- 5th. Cancerous ovarian tumor, involving both ovaries.

Dr. KENNEDY stated that the patient from whom this heart and ovarian cyst was removed,

post-mortem, was about 19 years of age, and had been in service. She was first seen on the 4th of February, suffering from severe cardiac disease, a loud double murmur existing. Owing to extreme dyspnoea and tenderness of the chest a prolonged examination was inadmissible. The heart labored with extreme violence keeping the head in constant motion. The difficulty of breathing was so great that at this time I was of opinion that she could last but a few hours. There was a history of an acute attack of rheumatism at the age of 14 years, which lasted a very long while, subsequently recovering sufficient to enter upon the duties of a domestic servant. Two weeks prior to her last illness a sister had died of puerperal convulsions, and, on the girl visiting her, she had to tramp for some distance through very deep snow, which exertion was the apparent cause of her last illness through getting chilled afterwards. At the time she came under treatment menstruation, which had been slight, had just ceased. For the first few days there was a slight improvement in her condition, a severe substernal pain then manifested itself, and auscultation discovered besides the valvular murmur, a friction sound synchronous with the heart's action, and, as the post mortem revealed, to be due to extra cardial extension, involving the surface of the adjoining portion of the right lung. This pain was very much relieved by the application of a fly blister. About February 12th an extensive attack of cercaria set in, and, on examining the abdomen, there was discovered a tumor rising out of the pelvis in the median line which, from its shape, exactly resembled the gravid uterus at the fifth month. Pregnancy was suspected, but this the patient denied, and, as there was no reason, owing to the patient's state, to make a particular examination as to its true nature, none was made, there being no hope of recovery. The post-mortem soon revealed it to be ovarian, as shown in the specimen. Her condition remained about the same until the 18th, when advantage was taken of a slight improvement in her breathing to have her conveyed into Hospital, where she died on the second day of entrance.

Dr. Ross read a paper on Diabetes Insipidus.

Dr. HY. HOWARD read a paper on Chronic Dementia, in which he took the ground and defended the position taken that it was impossible in a case of consecutive chronic dementia

to have priapism. (This paper will be found among our original communications.)

Dr. OSLER remarked that he did not see any good physiological grounds for supposing that the individual mentioned in the report was necessarily incapable of having an erection, as this act was, in a measure, independent of the brain, and, as shown by Goltz, could be excited reflexly in animals whose spinal cords were cut in the dorsal regions. The erector centre is believed to be situated in the lumbar cord. Physiologists very generally believe that there is no satisfactory evidence of the connection of the cerebellum with the sexual functions; indeed the experiments of Eckhard go to show that the central stimuli exciting the act of erection pass not along the cerebellar peduncles, but down the crura cerebri, *i.e.*, they proceed from the cerebrum.

Dr. F. W. CAMPBELL stated that he had under his care for the past year and a-half a case of Dementia, due to softening of the brain, and which had, in its early stage, been seen by Dr. Howard. This patient had for months past been so bad as to pass his faeces involuntary, and yet during that time he had frequent satisfactory intercourse with his wife—whom, in fact, he had impregnated.

Dr. HY. HOWARD, in defending his paper, said: "In reply to Dr. Osler's remarks I can very well understand that a man may be paralyzed in the lower extremities from disease or injury of the lumbar portion of the spinal cord, and yet be capable of cohabitation; for a man suffering from general paralysis can have an erection of the penis, and for the simple reason that in neither cases does it follow that there *must* be disease of the cerebellum, as there is in consecutive chronic dementia. I say the lower portion of the spinal cord may suffer from disease, and no injury result to the *nervi-eigentes*, for its connection with the cerebellum is not through the spinal cord, but by means of the *splanchnic*, or great sympathetic, and its ganglia, at least according to such physiologists as *Eulenburg, Gutman and Lövan*, no mean authorities.

I therefore maintain that, when the cerebellum is diseased, as we find it is in chronic dementia, it being what we might call the *entité* of the *nervi-eigentes*, the consequence will be impotency, at least in so far that it would be

impossible to have an erection of the penis. And this fact is fully borne out by my own experience."

With regard to bloody flux as a result of irritation of the cerebellum, he considered it to be a feasible theory (for the reasons already given), even though post-mortem examination failed to find an exciting cause, for we all know that we had much yet to learn in pathological examinations. The microscope had not yet revealed to us, by any means, every thing in the human brain, although wonders had been accomplished by its use. He did not think that ulcers in the intestines was a satisfactory explanation for the cause of the hæmorrhage in the case alluded to for Dr. Osler had at various times called the attention of the members of the Society to ulcerated intestines in typhoid fever where there had been no bloody flux.

In reply to Dr. Hingston, he said that there must be a great distinction drawn between the dement and the imbecile, the latter was due to congenital malformation of the brain in part or whole, or arrest of brain development after birth, consequently many imbeciles wanting in intellect, and consequently reason, had their emotional organization perfectly sound, and, not having reason to control their animal impulse, were erratic imbeciles and dangerous to society. But such cases were not analogous to the dement, who not only lost his reason from disease, but also had his emotional organization from the same cause, exhausted and atrophied. He, however, recognized the fact that there could be intellectual dementia previous to having the cerebellum engaged in the disease, then there would be a form of dementia, without its being necessarily accompanied with impotency or exhaustion or atrophy of the emotional organization, and such probably was the case mentioned by Dr. F. W. Campbell. He remembered seeing the man Dr. Campbell alluded to, and given the opinion that it was softening of the brain, but if he did not express it, he meant of the intellectual portion of the brain, that is, some portion of the cortical substance with its cells. In conclusion, he had heard nothing that he felt would justify him in altering his opinion as already expressed.

The meeting then adjourned.

MONTREAL, April 9th, 1880.

The ordinary meeting was held this evening,

the President in the chair. There were present Drs. R. P. Howard, Hy. Howard, R. MacDonnell, Kennedy, Cameron, Gurd, Ross, Fenwick, Frenholme, Guerin, Browne, Simpson, Smith, F. W. Campbell, Osler and Edwards.

Dr. OSLER exhibited, 1st. Aneurismal dilatation of the arch of the aorta. The patient had been under Dr. Ross' care, and concerning this case Dr. Ross gave a short account of the clinical facts:

The patient was a strongly built man of 38 years, who had had both syphilis and rheumatism. The symptoms from which he had suffered were, severe neuralgia of the right side of the neck, the pain shooting up behind the ear and down to the shoulder, a gradually increasing hoarseness of voice, troublesome cough, and occasionally an attack of marked dyspnoea. He was treated in the General Hospital. An ovoid, very strongly pulsating, tumor was found rising above the right sterno-clavicular joint. He was seen by several members of the staff, and the unanimous opinion held was that it was situated in the innominate artery. Dr. Ross had shared the same opinion, but thought that, probably, the arch was also somewhat involved. One reason for thinking so was the strong pulsation communicated through the trachea on making upward traction thereon. It was interesting to find that such conditions might occasionally be observed in an aneurism springing wholly from the aorta itself.

The PRESIDENT remarked that the specimen exhibited by Dr. Osler for Dr. Finney, with the clinical facts noticed by Dr. Ross while the patient was under his observation suggest several interesting observations: 1st. This aneurism of the arch presented the physical signs of an innominate, rather than of an aortic, aneurism, and it would not have been possible to have avoided mistake owing to a pouch of the aneurismal sac projecting exactly up in the course and alongside of the innominate artery, and to an absence of distinctive signs of dilatation of the arch itself. 2d. A surgeon could not have been blamed had he ligated the arteria innomina or the carotid under the impression that the aneurism was innominate. 3rd. This is an additional instance to the many others which have occurred here within the past few years of the occurrence of thoracic aneurism in persons the subjects of syphilis. It can hardly be alleged

that the rheumatic fever which the patient had suffered was the cause of the disease, as in that case it would have to be contended that the rheumatism had skipped over the part it usually attacks, the valves, and had invaded the aortic walls, which it rarely, if ever, does. On the other hand has a special tendency to induce disease of the arterial walls. 4th. The absence of hypertrophy of the left ventricle in this muscular man suggests the idea that the aneurism probably ran a rapid course, and that sufficient time was not afforded for the development of marked hypertrophy. Lastly the co-existence of evidence of compression of the trachea by the tumor, with attacks of dyspnoea, and the support thus afforded Dr. Bristowe's views on that point.

The second specimen was one of congenital deficiency of the rectum, upon which Dr. Fenwick had operated. An incision was first made where the anus should have been, but the open bowel could not be reached in that way. An incision was then made in the groin, and the bowel opened and the edges stitched. The case, however, proved fatal on the following day.

Dr. RICHARD MACDONNELL exhibited to the Society an occipito-atloid anchylosis.

Dr. FENWICK then read a paper on the removal of a tumor in the vicinity of the thyroid gland, a portion of the right lobe being partly involved.

A vote of thanks to Dr. Fenwick was moved by Dr. F. W. Campbell, seconded by Dr. Hy. Howard.

Dr. CAMERON stated to the Society his wish to bring before the consideration of the members the subject of the communicability of typhoid fever by a portion of the milk supply of Montreal, expressing also the fact that Mr. McEachran would, if agreeable, give a paper on the Transmissibility of Tuberculosis from animals to man. It was decided that these subjects should be presented at the next meeting.

The meeting then adjourned.

O. C. EDWARDS, M.D.,
Secretary.

MARRIED.

On April 1st, by the Rev. Gavin Lang, Alexander H. Kollmyer, A.M., M.D., Professor of Materia Medica and Therapeutics in Bishop's University, to Margaret A. Gaynor, fifth daughter of William Gaynor of Beech Ridge.

DIED.

At Pitt-burgh, Pa., U. S., on the 14th of March, Ernest Robert, infant son of Charles Black, M.D., aged six months.

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CONTENTS.

ORIGINAL COMMUNICATIONS.

	PAGE
Report of a Fatal Case of "Gunshot" Wound of the Head, by Dr. Cassels, Three Rivers, P.Q., 197—Case of Spinal Apoplexy, by Geo. Wilkins, M.D., M.R.C.S., Eng., 198—Correspondence.....	204

PROGRESS OF MEDICAL SCIENCE

Rosacea of the Face, 206—Slippery Elm Suppositories in Piles, 206—To Remove Plaster of Paris from the Hands, 206—Boric Acid in Skin Diseases, 206—Prevention of Relapses in Typhoid Fever, 206—Cli-

	PAGE
nical Lecture on the Retention of Feces, 207—Aids to Surgery, by Geo. Brown, M.R.C.S., 210—Treatment of Epilepsy, by W. R. Gowers, M.D., F.R.C.P., 211—Topical Uses of Ergot, 212—A Tasteless Saline Purgative, 213—Flagellation a Preventive of Uterine Hemorrhage, 214—Treatment of Cracked Nipples, 215—How to Make a Spice Bag, 215—The Treatment of Chronic Nasal Catarrh, 215—Tight-Lacing, 216—Liniments for Ringworm, 216—Calling the Doctor, 217—Treatment of Laryngismus Stridulus, 217—Conflagration from	

	PAGE
the use of the Thermo-Cautery during Anaesthesia from Ether, 218—The Treatment of Syphilis, 218—Clinic of Prof. Samuel D. Gross, M.D., LL.D., D.C.I., Oxon, 219—Gutta Serena for Fissured Nipples, 219—New Method of Plugging the Posterior Nares, 220—First Successful case of Cholecystotomy, 220—Phosphide of Zinc, 220—Treatment of Urticaria, 221—Quinine for Children.....	221

EDITORIAL.

Editorial, 221—Reviews, 223—Food and Food Medicines in Surgery....	224
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Original Communications.

REPORT OF A FATAL CASE OF "GUNSHOT" WOUND OF THE HEAD.

By Dr. CASSELS, Three Rivers, P.Q.

The interest of the following case lies principally in the terrible effect produced by a comparatively small force when applied to a peculiarly fatal spot by accident or otherwise, and in the length of time required to destroy vital action, the injury being of such an exceptionally severe nature.

At about 8 o'clock on the evening of December 26th, 1879, I was called to Mr. B., who had shot himself about an hour and a half previously.

Upon arrival at the house I found the patient lying on the floor of his dining room, on the spot where he had fallen after firing the shot, his symptoms as follows: Pulse 45, full and intermitting, one beat in four; respiration 17, stertorous; pupils equally and much dilated, quite insensible to light, muscles relaxed, skin warm, complete loss of consciousness and sensibility, and in fact all the symptoms of compression of the brain.

The wound was situated in the right temporal fossa, less than a quarter of an inch behind the posterior branch of the temporal artery and close above its junction with its anterior branch, and was a perfectly circular hole of about one eighth of an inch in diameter (as if punched out), the hair was singed, and the orifice of the wound was ingrained with powder; very little blood had been lost.

The pistol used by the unfortunate man, was the smallest size Smith & Wesson, seven chamber revolver, and one cartridge only had been fired. On subsequent examination of a cartridge similar to the one which had been used, I found that it weighed exactly forty (40) grains, distributed as follows: bullet, twenty-five (25) grains; copper case, ten (10) grains; powder (including the fulminate), five (5) grains.

I was told by his wife that some ten or fifteen minutes after receiving the wound, the patient, in answer to her question, "if he thought he was going to die," had replied, "No, I am going to get well." These were his last words, unconsciousness rapidly supervening.

His regular medical attendant, who saw him within a few minutes after it happened, had applied cold to the head, a mustard sinapism to the heart, hot bottles, etc., to the extremities, but could not rouse him to swallow any stimulant.

I was unable with a probe to trace the wound more than half an inch into the muscles, and failed, after minute and careful examination, to detect any fracture or depression of the skull.

I had made up my mind to cut down, enlarge the wound, and try and ascertain the amount of injury, but, while waiting the arrival of some of my confrères, I observed that the symptoms of compression were lessening, the breathing became regular and calm, the pulse softer and more frequent, about 64, but still intermitting, the pupils more contracted and slightly sensible

to light, moderate sensibility of the limbs, as they twitched slightly when pricked with a needle, and the patient was more easy although still unconscious, but in a less degree. Taking into consideration this amelioration of the symptoms, also, as I then supposed, the small power of the projectile, and again that most probably the bullet had taken an upward and forward course (judging from the way in which a right-handed man would most naturally perform the act, the muzzle of pistol higher than his hand, and his head turned slightly to the left), I began to hope that, perhaps, the ball had not penetrated the skull, but might have glanced off the bone and be lodged in the scalp. With this idea I again carefully examined the patient, but could find no evidence in support of this supposition. This comparatively improved condition lasted for about two hours, during which time all the usual remedies were tried to restore consciousness, but although the insensibility lessened to a considerable degree, he never recovered sufficiently to swallow or speak. Between 11 o'clock and midnight, without any apparent reason, the coma increased very rapidly, and became so deep in such a short time that I saw I was mistaken as to the amount of injury done, and that it was very much more extensive than I had supposed, and I therefore considered it certain that a severe and copious hemorrhage had suddenly taken place from some large vessel which had been wounded by the shot, and temporarily plugged by a coagulum which had given way under the reaction, and that trephining would not be of the slightest use, or indeed give the most distant hope of success. The post mortem justified my prognosis. Death took place at a few minutes before 7 o'clock a.m., of the 27th instant.

At the request of the Coroner, I made a post-mortem examination of the head of the deceased the same day, eight hours after death. Rigor mortis well developed. On removal of the calvaria, I found that the bullet had passed through the anterior inferior angle of the right parietal bone, cutting the anterior branch of the middle meningeal artery below its division. The hole in the outside of the bone was quite round and clean, but on the inside it was five or six times larger and very irregular, pieces of the inner table being splintered off, many of

which I found imbedded in the brain substance. There was a clot as large as a man's closed fist from the meningeal artery, and an enormous effusion of serum both outside and inside of the membranes, the dura mater being detached from a large surface of the bone. At the base of the brain, in front of the crura cerebri, was another clot as large as a small orange, and in this clot, close to the optic commissure, I found the bullet. I was unable to ascertain from which artery this clot came, probably the middle or anterior cerebral. I am sorry to say that, as the Coroner's jury were waiting for me, I cut away somewhat hastily in my anxiety to get the ball, and it was too late to make a more careful examination when I found the second clot, as the parts were so much broken up.

Remarks.—My idea of how the shot was fired, certainly the most natural way, was just the opposite of the fact, for the pistol must have been held in exactly the reverse way, to direct the bullet inwards to the base of the brain; that is to say, hand higher than the muzzle, and head turned slightly to the right, "*and more than that, he must have pulled the trigger with his thumb, as, from the direction of the wound, he could not have reached the trigger with his fore-finger without straining the hand very much, in fact I doubt its possibility.*"

During the past fifteen years I have performed or assisted at a large number of post-mortems of persons killed by brain injuries of all kinds, and the above is the first case in which I ever saw two such large and distinct clots.

CASE OF SPINAL APOPLEXY.

By GEORGE WILKINS, M.D., M.R.C.S., Eng., Professor of Pathology and Lecturer on Practical Physiology, University of Bishop's College, Physician to the Montreal General Hospital.

(Read before the Medico-Chirurgical Society, Dec. 12, 1879.)

J. G., æt. 40, married, a carpenter, was admitted into hospital on 8th September, 1879, in a condition of paraplegia. His history is as follows:—For some years past he has been a hard drinker at times; on the morning previous to admission into hospital, being Sunday, he took four or five glasses of spirit, and lay down on the floor of his room, where he fell asleep: he lay there five or six hours, when he

awakened, and on attempting to rise, found he was completely paralyzed. He says he felt no pain whatever, and that up to a week previous to this attack he was perfectly healthy, and that he worked at his trade until the day before.

Although able to work during the week previous to the paralysis, he complained of having had during that time slight shivering attacks, that he had been a little feverish and had had slight pains in his legs and shoulders, but he considered them only trifling, and attributed his present trouble to his having strained himself, he thought, in carrying home a bag of potatoes the previous night. In reply to leading questions put to him, he thought he had not quite as much power over his limbs, although it did not attract his attention, nor did he perceive any alteration in sensation. He had no trouble in urination, but for a month or so had been restless at night, and would rise two or three times and walk about the room, complaining of the bed being too hard.

He denies ever having had venereal disease of any sort, but appears to have been excessive in the gratification of his sexual desires.

Symptoms on Admission.—Patient has the appearance of a well-nourished, strong, muscular man, and as he lies in bed complains of no pain whatever. He lies perfectly motionless, but is able to move his head and neck.

On percussing spine, tenderness is felt over fourth and fifth cervical vertebræ. There is complete loss of power and sensation in body and limbs below line of nipples; also loss of muscular power in the arms except flexors of forearms, and loss of sensation except over radial side of forearm, in which region, although able to recognize handle of penknife and piece of money, he cannot differentiate heat and cold.

There is complete absence of reflex excitability in paralyzed parts; almost complete absence of Faradic irritability on applying current to legs. It was not considered advisable to test electric excitability of arms on account of reflex centre of those parts being near supposed site of lesion. There was no expansion whatever of chest, breathing being entirely diaphragmatic. Heart sounds normal. Bladder distended, reaching half-way to umbilicus; 34 oz. of urine were drawn off, being the amount secreted since the occurrence of paraplegia.

Pupils contracted to size of pin head, fixed and immovable. Temperature on admission, 103.2°.

His chest, abdomen, and back were covered with a lichenous eruption, which, he said, had made its appearance during the past week.

Progress of Case.—Temperature, which on admission was 103.2°, rose on the following morning to 104.3°, falling same night to 99.2°, and the next morning to 96°, at which it remained, with a variation of 0.2° on one day, up to his death, which occurred on the tenth day.

About forty-eight hours after onset of paralysis a bulla 2.5 cm. in diameter formed on internal aspect of right foot, over scaphoid bone, and twenty-four hours subsequently two much smaller ones appeared over eighth dorsal vertebra. Bowels moved involuntarily and unconsciously, regularly once a day, on two occasions twice, after admission. Urine was withdrawn twice a day. Priapism was occasionally present, sometimes the erection being complete, at other times only partially so.

Respirations, which during the first two days were twenty-four per minute, fell to eighteen on the third day, gradually increasing in number until the sixth day of illness, when they were thirty-two per minute, about which number they remained up to death. Pulse 84 on admission, fell on second day to 52, gradually rising to 72, at which it remained to the last, keeping regular during the whole time.

On the fourth day patient complained of the mucus râles, which had been gradually making their appearance, and which, from his inability to cough and expectorate, continued to accumulate, thereby interfering with respiration to such an extent that on the sixth day the lips were blue and countenance presented a dusky hue; which condition increased until complete asphyxia was produced.

The urine, which was occasionally examined for albumen during the first few days of his illness, was found to contain none. On the sixth day it was ammoniacal, sp. gr. 1030, and highly coloured. The bullæ which made their appearance on the second and third days, remained *in statu quo*; there were no indications of bedsores about nates.

Pupils remained tightly contracted up to his death, and when examined a few minutes after death had undergone no alteration.

At the *post-mortem* examination, on opening

the spinal canal, the plexus of veins covering the dura mater contained more than the normal quantity of dark blood, the dura mater itself presented a normal appearance; a longitudinal incision was made through it, permitting the escape of a small quantity of cerebro-spinal fluid. On passing the finger along the cord it was felt to be of slightly softer consistency between the origin of the first and third dorsal nerves; below that firm: above not quite so firm as normal, and slightly enlarged opposite sixth cervical nerve; pia mater congested for the whole length of chord. The spinal nerves were now severed external to the dura mater; the cord and its membranes divided immediately below medulla and removed *en masse*. In the median line of the posterior surface, between the origin of the fifth and sixth cervical nerves, a bluish-black spot, about the size of a pin head, was observed lying beneath the pia mater, which is perfectly intact. On making a transverse incision through this spot, the knife cuts through a dark red clot of a caseous consistence, which at this point is twelve by five millimetres in transverse diameter, the white substance of the cord forming a thin, ragged wall around it, except at this small spot, which is seen superficially. Transverse incisions were made through the substance of cord, one centimetre apart, along its entire length; on examining these cut ends, the clot can be traced with the naked eye as far down as the fourth dorsal nerve, and upward to the second cervical, but that portion between the fifth and eighth cervicals is somewhat cone-shaped, the larger extremity of the cone being opposite the origin of the fifth cervical nerve, where it is twelve by five millimetres in diameter, dwindling down to about two millimetres in diameter opposite eighth cervical nerve, below which it is continued as a mere trace to lower limits first mentioned; at lower fibres of origin of fifth cervical it becomes suddenly smaller (1.5 millimetres in diameter), gradually diminishing in size to upper limit first mentioned. The clot occupies the centre of the cord, and where small enough appears to the naked eye to be limited to the grey matter. The various sections present a pale appearance, except through the clot, which is of a chocolate colour. In the softened portion, the

cord swells slightly above the edges of the cut surface.

For microscopical examination, sections were taken in the fresh state, and also after hardening in bichromate of ammonia. Sections were made in a freezing microtome, stained with eosine and hæmatoxylin, and mounted in damar. Sections for examination were taken from the cervical, dorsal, and lumbar regions of the cord. The sections from the cervical region were but very slightly increased in vascularity.

On examining with a hand lens sections opposite origin of fourth cervical nerve, the clot, which is here a little over one millimetre in diameter, is seen to occupy the whole of the grey commissure extending on both sides almost, but not quite, to the lateral columns, and nearly as far as the ganglion-cells of the anterior cornua; it does not invade the white commissure, but encroaches slightly on the posterior columns lower down, considerably so. In all the sections made by me of this portion of the cord, on examining with a higher power the anterior cornua are not at all encroached upon by clot, and are but little increased in vascularity; indeed, the vascularity in this portion of cord is very much less than in any sections of the dorsal or lumbar region.

The white columns in some of these sections contain numerous corpora amylacea, which are especially abundant in the external zone of the most posterior portion of the antero-lateral column; the posterior columns contain a few much smaller corpora.

Several sections of different portions of the dorsal and lumbar region were also examined, in all of which the vascularity was much increased, the upper dorsal portion being much the most vascular, many of its vessels having aneurismal dilatations and several of the sections showing capillary extravasations—these dilatations and extravasations being seen only in the grey matter; the vascularity of the white substance, although much increased, was not nearly so much so, relatively to normal, as that of the grey matter; the central veins of the grey matter have their coats very much thickened and in a state of corpuscular degeneration. The vascularity of the grey matter in the vicinity of the ganglion-cells of the posterior cornua of the superior dorsal region is very much greater than in the anterior cornua. The

ganglion-cells of the posterior cornua in all the sections appear to have undergone changes. Through the entire length of the cord many of them have lost their prolongations. In the upper dorsal region they are much larger; they have a bulged and swollen appearance, and several can be seen with their nuclei in a state of division—some in the act of dividing, others with two separate nuclei. In many of them no trace of nuclei or nucleoli can be discovered; further down in the dorsal portion of the cord the cells present a somewhat atrophied appearance, and the posterior cornua of the grey matter are thin and translucent, a small segment in the region of the ganglion-cells being much atrophied, and not taking the hæmatoxylin staining.

In the lumbar region of the cord the ganglion-cells of the posterior cornua are very much diminished, both in size and in number, in some of the sections only two or three small and imperfect cells can be seen; the cells of the anterior cornua seem to be perfectly normal. This portion of cord is very much more vascular than the lower dorsal region, some of the vessels presenting a peculiar knotted, or rather double-looped appearance.

In all the sections of the dorsal region of the cord the central canal is completely obliterated, owing to its being plugged with epithelial cells and granular matter. In the lumbar region it is pervious, and almost rectangular in shape.

The nerve fibres of the white matter in the anterior dorsal region are in a state of granular degeneration, their axis cylinders are but faintly seen—can only be occasionally distinguished from the cells and nuclei which, with granular matter, swell the neuroglia.

The white columns in the lumbar region present no abnormal appearance.

In referring to the pathology of this case, the first questions are:—Is this a case of spontaneous spinal apoplexy, analogous to frequently recurring cases of cerebral apoplexy, in which no lesion of the nervous centre itself exists before the escape of blood into its substance? Or, is it the result of previously existing inflammatory action in these centres? That blood vessels can spontaneously rupture into the substance of the healthy cord, as in some forms of cerebral apoplexy, is proved by a few

carefully reported cases, more especially one by Goldtamer in a recent number of Virchow's Archives.

Writing in 1876, he says, that but thirty cases of spinal apoplexy are recorded, of which at least twenty showed symptoms of previously existing myelitis. The case just reported must, I think, be considered one of this class, although the indications were ill-defined. The symptoms present pointing to the probable existence of myelitis before the occurrence of paralysis were:—A lichenous eruption on the body, flushes of heat, chills, slight pains in the limbs, and a feeling of not being quite so well able to work as usual, although he managed to follow his trade as a carpenter up to the day previous to the paralysis. To these may be added two at least of the symptoms which were present when he entered Hospital—abolition of reflex action and almost complete loss of electric excitability of the muscles; the latter symptom especially, I look upon as important, since without it the former would lose its significance at this early stage of the disease. In animals reflex action is abolished for a certain length of time after division of the spinal cord, varying with the species; thus in the frog only two or three minutes, whilst in the rabbit as many or more hours frequently will elapse before the reflex irritability returns—this condition being due to shock.

In the cases of injuries to the spinal cord in man, which most nearly approach the conditions experimentally produced in animals, the length of time that has elapsed after occurrence of injury before appearance of reflex action is very varied; in some of the reported cases it has been observed within a couple of hours, in others, three or four days, sometimes more, have elapsed before the cord recovers from the shock and reflex action appears. Cases of injury are also frequently recorded, some of them in the cervical region, in which at no time during the progress of the case were there any manifestations of reflex action; in these its continued absence might, I think, be fairly ascribed to changes extending to the ganglion-cells of the cord below the lesion, as they have been for the most part cases in which inflammatory softening had been produced at site of injury by a dislocated or fractured vertebra. At no time during the progress

of my case were there any manifestations whatever of reflex action; he lived long enough to allow the effect of shock to pass away, and no symptoms that could be attributed to shock appeared at any time while under observation. I regard the absence of reflex action as due to changes having already taken place in the grey matter of the cord. Microscopical examination showed the lumbar region of the cord to be abnormally vascular, more so than some portions of the dorsal region. The genito-urinary centre is situated in this part of the cord, and from these facts I infer that the continued and unrestrained sexual excesses caused a hyperæmic state of that region, which extended upwards; myelitis set in, lessening the resistance of the cord, thus permitting the capillary extravasations, as well as the greater rupture. The inflammatory state, by interfering with the function of the ganglion-cells, would thus explain the absence of reflex excitability. It would also account for the apparent early absence of Faradic contractility, supposing it to be due to degeneration of muscle, one of the most constant changes occurring in consequence of irritative lesions of the spinal cord. As this seldom makes its appearance before the fifth day (between the fifth and fourteenth days, according to Charcot), its presence within forty-eight hours after paralysis would point to an abnormal condition of the nervous centres previous to the occurrence of hæmorrhage. The same inflammatory, and consequently irritative, condition of the spinal cord, would account for the presence of the lichenous eruption, which had made its appearance before entering Hospital; this being one of the many forms of skin affections which are so often seen in *irritative* lesions both of the spinal cord and nerves. Of course, similar cutaneous eruptions may occur and no lesion of the nervous system be found, but its occurrence in this case, coupled with the other symptoms then and subsequently present, point to its being of spinal origin. The bullæ which made their appearance in the course of the disease are among the commonest symptoms accompanying affections of the substance of the cord; this was pointed out fifty years ago by Bright, but it remained for Charcot to define the nature of the lesion. When these symptoms are associated with disease of the spinal cord, he claims that the diseased portion of the cord

has been the seat of *inflammatory* mischief. The lichen and other cutaneous affections which appear in the course of the disease, he says, depend upon irritative lesions occupying either the central and posterior portions of the grey matter, or the white posterior fasciculi. The microscope shows unmistakable evidences of such a condition having existed in my patient.

It further enables us to account for another very interesting fact—that while tactile sensation was present in a certain part of the arm, the patient could not recognize heat or cold when applied to same part. According to views advanced by Brown-Sequard, and supported by many observers, the path for temperature impressions in the cervical and dorsal regions is by the central grey matter, while tactile impressions travel chiefly by the anterior parts.

Patient was able to flex his forearms, thus showing that some, if not all, of the motor fibres in the musculo-cutaneous nerve were not implicated in the lesion in the cord, and as the portion of the forearm in which sensation was present corresponded to the cutaneous distribution of the same nerve, it follows, as a matter of course, adopting Brown-Sequard's views, that the anterior cornu of the grey matter which is connected with this nerve was perfect, or that some, at least, of its ganglion-cells had uninterrupted communication with the brain and the peripheral extremities of the nerve; and further, from the fact of temperature sensation being absent, that the central grey matter which is in relation with the same nerve was destroyed, or its communication with the brain interrupted.

On examining the brachial plexus, it will be seen that the musculo-cutaneous nerve arises from its outer cord, and that it is the uppermost of the divisions of that cord; for this reason, I think, it is quite probable that in the spinal cord it has the highest origin of the branches of the plexus. Indeed, the situation of the clot, and exemption from paralysis of the flexor muscles of the forearm, as well as the tactile impression of the portion of the forearm supplied by that nerve, I think fully justifies the conclusion. The section of the spinal cord opposite third cervical nerve is at least five millimetres above the entrance into the grey matter of the uppermost fibres of the fifth cervical nerve (the first nerve forming brachial plexus). In the microscopic

sections of this region, the greater portion of the central grey matter is destroyed; lower down it is completely so. According to Brown-Sequard, this is the path by which sensations of heat and cold ascend. The posterior white columns are encroached upon transversely by clot to a slight extent only, so that the great majority of the fibres have their conducting qualities intact. If Schiff's theory is correct, that these latter columns alone conduct sensations of heat and cold, then the tactile impression being conveyed to the brain temperature impressions should also have been transmitted.

This case, I think, supports Brown-Sequard's views.

The facts and theories connected with this particular nerve in this case are, I should say, these:—When patient endeavoured to move his arm, impulses were directed from the cerebrum to the sensory ganglia at base of brain, and there excited motor influence, which was transmitted long the motor tract of medulla oblongata and the antero-lateral columns of the spinal cord to the large ganglion-cells in the anterior cornua of the grey matter, then by the anterior columns and anterior roots of fifth cervical nerve, through brachial plexus and external cutaneous nerve to flexor muscles. Sensation was conveyed from radial side of forearm, by same nerve, through posterior root of fifth cervical, passing both upwards and downwards in the posterior columns to posterior cornua, the external fibres of which run forward to ganglion-cells in anterior cornua, and are then transmitted to brain as tactile impressions. The fibres which are connected with and partly form the central portion of the grey matter and which should by that path, transmit temperature impressions to brain, have their communication with it shut off by the complete destruction by clot of the central grey matter above these fibres.

It is unnecessary to refer to the well-known respiratory symptoms occurring with lesions immediately below origin of phrenic nerve which were present in this case.

With reference to the pupillary symptoms which were present, the seat of lesion afforded no more information than that it was in the path of the fibres which formed part of the cervical sympathetic, the dilator fibres of the pupil being supplied by this nerve.

Budge calls by the name of "*Centrum Cilio-Spinale Inferius*" that portion of the cord between the sixth cervical and second dorsal, which corresponds very closely with the seat of lesion in this case; other observers have, however, placed it much higher, and have had their views supported by physiological experiments and also by pathological observations.

A very interesting problem in connection with this case is the cause of the continued low temperature, quickly following an ordinary febrile temperature. It will have been noticed that during the progress of the case, on the second day after admission into Hospital, temperature was over 104° , subsequently falling to 96° , a bulla having previously made its appearance on foot. According to most observers, the variation of temperature in this case would be accounted for in this way: the same lesion in the cord that caused paralysis of motion would also cause vaso-motor paralysis in consequence of which the blood vessels of the paralysed part were dilated to about twice their size, thereby admitting a larger volume of blood into the cutaneous vessels; this would account for the primary elevation of temperature. Under continued exposure of this larger quantity of blood to the cooling effect of the atmosphere, together with diminished combustion in the anatomical elements of the paralysed parts (the vaso-motor system being the great regulator of nutritive activity), rapid cooling of the parts will ensue. It must be remembered that it is now well established that the spinal cord itself contains vaso-motor centres along its entire length, and it is probable that the same condition that causes abolition of reflex would also keep these centres paralysed. Goltz would say, "actively dilated." Other observers would argue that the increased heat production would be better explained by irritation of the grey matter, quoting in this case, with some show of reason, the coincident appearance of bullæ which in spinal lesions are only seen when these lesions are of an irritative character; for it will have been observed that no bullæ or other cutaneous affection came on after the fall of temperature, nor was there any other appearance of bed-sore. The frequently observed fact of extraordinarily high temperature following spinal injury has been mentioned in support of this view, and also that, in these cases, some

time elapsed after the receipt of injury before the rise in temperature took place; the question of time affording additional support, since the inflammation consequent on injury would not immediately be sufficiently intense to act as an irritant.

After the third day, when the temperature fell, there were no symptoms indicative of an irritation to any portion of spinal cord. The non-appearance of bed sore over nates, such sore frequently occurring in such cases, or of fresh bullæ after that period, would tend to support that opinion.

Without attempting to offer any explanation for these temperature phenomena, an objection to the adoption of the latter theory is the presence of the clot, which was likely to continue to act as an irritant, and, if so, the temperature should also have remained high.

Microscopical sections of the cord in this case, illustrating the various morbid conditions described in the paper, were exhibited at the meeting; also, for the purpose of comparison normal preparations of human spinal cord and cord of cat.

Correspondence.

OUR LONDON LETTER.

LONDON, ENGLAND, May 1st, 1880.

Another accident at a Music Hall, at one of those senseless exhibitions on the trapeze, this time at the Temple Opera House, Bolton, owing to the fall from a height of upwards of 20 feet of two performers, one missing his grasp of the other. "No bones were broken, but both men were stunned for a time." This makes another to be added to a long series of accidents occurring at those places of entertainment in a few weeks. How much longer will a paternal government allow these dangerous and worse than useless exhibitions to take place. The rage for sensational athleticism in the present day is something appalling, and I suppose we have yet to learn what the "human form divine" is to be made capable of enduring.

I am afraid I was somewhat premature in announcing that the dispute at "Guys" respecting the nurses was about being settled; matters still appear to remain in *statu quo* there. In private practice a skilled nurse is put

in charge of the patient, and has written instructions from the physician which, if she does not obey, she is speedily replaced by one who will, the patient's life frequently depending upon the physician's orders being faithfully carried out. Nurses and sisters at an hospital ought most certainly to be made directly responsible to the medical officers.

A very pretty quarrel between a late physician to St. John's Hospital for skin diseases in Leicester Square and the authorities connected with that institution culminated to-day in the appearance at Bow Street on a charge of libel of the physician in question and the Editor of the *Medical Press and Circular*. The physician charges the management "with receiving large sums of money from the out patients and not accounting for them," to the extent of upwards of £2,000,—a very serious charge, and one which, I should have thought, if untrue, could be easily refuted. The defendants were both formally committed for trial, which, when it comes off, may possibly result in some interesting disclosures.

The following paragraph is copied from the *Kensington News*, a paper enjoying rather a large circulation in and around the suburb of that name. I have not seen or heard of any account of the interesting and unusual event in any other paper, medical or otherwise:

"That fact is stranger than fiction is a proverb well known to us all, but perhaps it has never been better exemplified than during the past week. On March the 15th, 1880, the wife of a barrister, residing in Hampshire, gave birth to a fine boy, and, at the end of the fourth week, was churched, received, and returned visits. On the 21st of April she astonished her friends with the news that she had presented her husband with a second son. At the present time mother and child are doing well."

Chian turpentine has been lately brought into prominence as a cure, or at all events a palliative, for cancer, chiefly in uterine cases. I have a case in which I am now trying it, and will not fail to let your readers know the result. I am writing from memory, but think it is to Dr. Clay of Manchester that we are indebted for this remedy which, if successful, will be an incalculable boon to sufferers from that most painful and distressing of all maladies. Chian turpentine was formerly used as a remedy for

chronic mucous discharges, but it is most difficult to get the genuine article, it being extremely scarce.

The following is another of one of those wonderful accounts which reach us from time to time of the power that the native mesmerists of India possess: In crossing last month from Dieppe I met a gentleman who had been some years in India, and he assured me that on two occasions, he had been instantly cured of two very severe sprains of the ankle accompanied with great swelling and inflammation, and which had existed for several hours, but were instantly cured by a native by a few mesmeric passes, wonderful but incomprehensible, at least to me. A native mesmeriser, named Buni, whose magnetic power would appear to be found quite irresistible by the lower animals, upon which he exclusively exerts it, gives séances, to which the public are invited to bring all manner of ferocious and untamable wild beasts, and, like the Ancient Mariner, holds them with his glittering eye. In a few seconds they subside into a condition of cataleptic stiffness, from which they can only be revived by certain "passes" which he solemnly executes with his right hand. An account of one of these séances states that a snake in a state of violent irritation was brought to Buni by a menagerie proprietor, enclosed in a wooden cage. When deposited on the platform it was writhing and hissing fiercely. Buni bent over the cage, and fixed his eye upon its occupant, gently waving his hand over the serpent's restless head. In less than a minute the snake stretched itself out, stiffened, and lay apparently dead. Buni took it up, and thrust several needles into its body, but it gave no sign of life. A few "passes" then restored it to its former angry activity. Subsequently a savage dog, held in a leash by its owner, was brought in, and at Buni's command, let loose upon him. As it was rushing towards him, bristling with fury, he raised his hand, and, in a second, the fierce brute dropped upon its belly as though stricken by lightning. It seemed absolutely paralysed by some unknown agency, and was unable to move a muscle until released from the magnetiser's spell by a majestic wave of his hand.

Is the following new to your readers? I am quite satisfied with my own proboscis and, singularly enough, find all my friends so, or at least

so much so, as to be quite disinclined to allow me to try the operation, which is a pity:

Probably few persons know what a "nasal extensor" is, though it is said that the manufacture of such articles has become a regular part of the business of fashionable dentists in America and on the Continent of Europe. Persons who are dissatisfied with their noses will be glad to hear that a "nasal extensor" is a silver lining for each nostril, the two metal forms being connected together by a yoke at the base if necessary, and the interior covered with red enamel; and by the constant use of extensors, a pug nose, or, to put it more delicately, a nose that is "tip-tilted like the petal of a flower," may be transformed to any shape that its owner and her adviser consider desirable. The New York correspondent of a Cincinnati newspaper describes these inventions, and solemnly asserts that the use of nasal extensors is very common among the ladies of that city, and particularly affected by women to whom Nature has denied the elegant Grecian contour. It has long been understood that a determined person, who is dissatisfied with his or her nose, can alter the shape, though the operation is disagreeable; but, in the cause of vanity, men—and women—will suffer much. A deep transverse incision has to be made across the offending pug about three-quarters of an inch above its tip, cutting through the skin, cartilage, and septum with a single clean stroke of the knife, until the edge of the instrument is on a level with the face. This done, the half-severed tip must be depressed to the proper level, leaving a triangular gap between it and the firm upper portion sustained by the nasal bones. Small, but deeply-incised flaps are next dissected out on either side of the gap, in such a manner as to fill the vacant space and to meet each other at the top. A nasal extensor is fitted in, the nose is trained to the desired shape, and, when the scars are healed, the patient is happy. Of course, all who use extensors do not undergo this operation, but without it the training of an obstinate nose in the way it should go is a tedious business. Whether extensors are used in England the writer from whom we quote omits to say. If persons observe the shape of their friends' noses changing they will guess the reason.

A case tried in the Court of Queen's Bench

here last month, resulting in a verdict for the defendants on all points, and which verdict has since then been refused by the judges to be disturbed, is of interest to the medical profession, and shows the lengths to which some people will allow, what? Their temper? to carry them. The plaintiff a medical man places his son with the head master at Epson college. The boy contracts scarlet fever, is removed to the infirmary, and dies: an action is forthwith brought against the head master and the medical attendant of the college which, if it meant anything at all, meant directly to contend that they were guilty of the boy's death; the ground of the action being that the plaintiff said the head master had agreed to keep the boy in his house *under any circumstances*, and that the infirmary was not in a fit state to receive him. A more ill-advised and ill-judged action has never been brought, and yet it is said the plaintiff is about to carry it to the Court of Appeal!

I must apologize for not sending you my usual contribution last month, but I was in Paris for a fortnight and in bed for ten days soon after my return, having been violently expelled from a hansom, (shot out like rubbish, a friend said) and left with one side of my face like Joseph's coat and the other like a rainbow. Handsome is as hansom does was not true in this case, fortunately it couldn't spoil my beauty, and did not my nose.

R.

Progress of Medical Science.

ROSACEA OF THE FACE.

Dr. Hillairet, in *Annales de Dermatologie*, recommends the following, which he has used with excellent success:

Wash the face several times with very warm water, then—

R. Sulphuris sublim.....	3	j.	
Tinct. camphoræ.....	3	ij-iv.	
Etheris sulphurici.....	3	j.	
Aquæ.....	ad	3 viij.	M.

Bathe the face at night with this and let it dry on. In the morning wash, and apply—

R. Zinci oxidi.....	3	ss-j.
Unguenti petrolei.....	3	j.

Improvement begins in a week, but the treatment should be continued several months.

SLIPPERY ELM SUPPOSITORIES IN PILES.

These are recommended in the *Medical Herald*, by Dr. E. J. Kempff. He observes that suppositories made of powdered slippery-elm bark and warm water (sufficient of the latter to make a sticky mass), medicated with fluid extract of belladonna or ergot, recommend themselves in rectal diseases and for piles, enlargement of the prostate gland or uterine fibroids. They become slimy, dissolve gradually, and medicate very slowly.

TO REMOVE PLASTER-OF-PARIS FROM THE HANDS.

A very effectual way of removing plaster-of-Paris from the hands is mentioned by a correspondent of the *Boston Medical and Surgical Journal* as being employed in St. Thomas's Hospital. It consists merely in the use of white of egg, instead of soap, in washing the hands. The fact will interest those who have much to do with plaster dressings.

BORACIC ACID IN SKIN DISEASES.

Neuman prescribes an aqueous solution in parasitic skin diseases, an alcoholic solution in itching due to urticaria and pruritus, an ointment in all forms of eczema. It may be also dusted over a part in powder. The ointment is of the strength of 10 parts in 50; the solution, of 10-20 parts in 300.—*Der Pratische Arzt*.

PREVENTION OF RELAPSES IN TYPHOID FEVER.

Immermann is of opinion (*Centralbl.*, No. 1, 1879) that relapses in cases of typhoid fever are due to the presence of the typhoid poison in the system, except in instances where the patient has committed some error in diet. The latter occurrence can of course be prevented by watching the patient carefully, and the author has endeavored to prevent the former by putting the convalescent through a systematic process of disinfection. The process consisted in giving the patients daily from 4 to 6 grammes of salicylate of soda for ten or twelve days, beginning from the first day the temperature assumes its normal state. Fifty-one patients were treated in this way, and only two suffered from relapses; one owing to something she had eaten in secret, and the other because, owing to a mistake, the drug had not been given to him immediately after the fever had left him. Fifteen out of sixty-seven patients who had not been treated with salicylate of soda had relapses. The author concludes from these observations, that salicylate of soda is not only a powerful preventive of relapses in cases of typhoid fever, but that it also would prove very useful in procuring im-

munity from the disease for the nurses and attendants.

Immermann has also observed that patients who had been treated exclusively with cold water showed a greater tendency to relapse than others who had undergone a combined water and quinine, or salicylate of soda treatment.—*London Med. Record*, May 15, 1879.

CLINICAL LECTURE ON THE RETENTION OF FECES.

[By J. MATTHEWS DUNCAN, M.D., LL.D., in *Medical Times and Gazette*.]

Incontinence of feces is a disease of importance not only because the feces pass involuntarily, but because also this imperfection leads in a peculiar way to deprivation of the general health. How long the feces take to pass is a subject that I do not intend to enter upon to-day; but when they pass too slowly and accumulate they may lie in any part of the great gut. The most frequent seat of accumulation is the rectum and sigmoid flexure but you have cases of enormous accumulation taking place when the sigmoid flexure and the rectum are emptied by cathartics or by enemata. In some rare cases of this kind, where, when the case comes to a happy termination, a potful of feces is evacuated, you may, before the evacuation, feel the accumulation, as I have already said, in any part of the course of the colon. I have seen enormous masses of this kind, which were for a time suspected to be malignant masses, in the right flank; and the worst case I have ever seen presented the accumulation in the epigastric region; an immense accumulation of feces could be felt, forming a hard tumor in the region of the stomach.

I shall now read to you a case illustrating a common form of accumulation which implies retention of feces. Indeed, cases are recorded—though I do not ask you to believe them implicitly—where a woman only defecated every three months. The case which I am about to read is in “Martha,” on account of phlegmatia dolens of a peculiar kind. On palpating her belly we could perceive a peculiar pultaceous fulness of the abdomen, without resonance or with very limited resonance. This condition led us to inquire into the state of this woman's bowels, and I will read you the particulars in this respect of her case: L. B., aged thirty-three; seven children; last child born six weeks ago in an easy labor; has never been well since; phlegmatia dolens of left leg began a fortnight after delivery. Her symptoms indicate the probable existence of abscess in the thigh, but locally no sign of it can be discovered in the swollen limb. During the first fortnight after confinement the bowels were opened once or twice; for four weeks previous to admission

they were not opened at all. Abdomen presents little tumefaction; no tympanites, but some resonance every where; has a doughy, pultaceous feeling. Castor oil and turpentine were administered four nights in succession, producing three or four large evacuations. The first three evacuations were very large and hard, the rest more nearly liquid. The abdomen is softer and more resonant on percussion, and the woman feels better.

There is a kind of retention the very opposite of this—retention in the rectum of little bits of feces. These little bits may not be scybala. Sometimes they are very black and peculiarly irritating, but this is not a necessary quality. The rectum, on examination, is found not to be a tube of moderate and nearly uniform dimensions, but a semi-paralyzed tube, dilated and pouched. In this kind of rectum the bearing-down pressure does not evacuate the bowel completely, and little bits are left which may give rise to intense irritation. A case of this irritation I saw a few days ago. This woman, after the evacuation of the bowels, which she effects by an aloetic purgative, has to use and always does use an enema to wash out the pouched semi-paralyzed bowel. If she does not use an enema, or if the enema does not succeed, she has irritation far worse than tickling, which she can not forget, and which prevents her from sleeping. I have said, “if the enema does not succeed;” and in her it generally does not succeed, and then she always has to put in her finger and get hold of the very little bit or bits and pull them out, and until she does she can get no rest. This condition is important on account of the annoyance it causes.

A semi-paralyzed pouched rectum is in potential dimensions equal to the whole pelvis. It is necessarily an inactive rectum, and the feces are often accumulated and very difficult to get out. In such cases it frequently happens that no kind of purgative is efficient, and the bowel must be washed out. This washing by an enema consists in dissolving the feces and in filling the rectum with a fluid which carries away the feces in its gush through the anus when the woman stools. Sometimes the enema does not succeed; and I have known women—generally women exhausted by excessive child-bearing, who had long suffered from this condition—who had to dig out with their fingers the feces from the rectum; not a little bit left which irritated the rectum, but the mass of feces, the whole stool.

There is a kind of this pouching which is peculiar to women that occurs in women who have vaginal rectocele. The fecal mass is projected into the pouch of the vaginal rectocele. It does not make the turn downward as it ought to do in order to emerge at the anus, but passes forward, and with the rectocele pushes through the os vaginæ. If the woman has no

disease but this vaginal rectocele she can be taught to assist herself. When defecation is going on she presses firmly against the orifice of the vagina, and pushes back this pouch so as to restore the proper shape to the rectum, and then the feces are evacuated naturally in other respects.

Retention of feces is sometimes caused by congenital smallness of the anus. The most common cause of retention from smallness of the anus is a too thorough operation for piles. Cases of this kind are not very rare where the anus gets too much closed, generally by the contraction of the cicatrix, so that the woman can not effectually defecate. In some cases the evil is temporary, and arises from spasms of the sphincter.

Now I come to another kind of retention which introduces me to the word scybalum. A scybalum is a rounded or oval mass of feces the size of a hazelnut or of a hen's egg, or larger, which, long retained, has become partly decolorized, hardened, and sometimes incrustated with salts of lime, producing a rough shell resembling a hen's egg. Such scybala may be in any part of the great gut. They are not always the cause of retention of feces. The further up the gut they occur the more likely they are to meet with feces which are fluid enough to pass easily by the side of the scybalum, and then they do little harm. A case occurred in my practice not long ago of a woman dying slowly from malignant disease of the peritoneum. She was examined by myself and several physicians, who correctly diagnosed the disease, but incorrectly diagnosed two egg-like tumors which were for many months felt in the belly floating in the ascitic fluid which was one of the indications of her disease. These were supposed to be malignant masses. After death they were found to be scybala in the transverse colon, which were causing no irritation and apparently giving no trouble.

When a scybalum is low down, especially if it is in the rectum, the feces are likely to be retained. In this case you not only have retention of a scybalum, but also by a scybalum. Then the woman's only chance of having her bowels evacuated, if the scybalum persists, is in the motion being fluid and passing by the side of the scybalum. Solid feces are often undoubtedly obstructed by it, but it is only when the feces are nearly solid that it produces ulterior consequences. It may permit passage of fluid feces copiously, and yet be causing retention of the nearly solid feces.

In this retention of feces by a rectal scybalum you have the best example of the disease that we are considering. A woman having any form of retention of feces may be truly described, in many cases, as being constantly purged; and in this way the practitioner is

put off his guard. A woman having the greatest and most dangerous retention of feces may be incessantly defecating, and even in very fair quantity, and even nearly solid feces, as one of my cases for this day demonstrates. You can see very strong analogy between this and the retention of urine in the bladder, which I was speaking of in my last lecture. In that disease a woman may pass urine frequently and in large quantities, and yet there is retention. So it may be in the case of retention of feces. In a case of retention of feces by a scybalum in the rectum, the accumulation of feces takes place first in the rectum, and it produces at last a tumor, which can be felt gradually forming in the left iliac region. This tumor presents generally little or even no resonance, is densely hard, and is repeatedly taken for malignant disease.

A case which I shall presently read to you will further impress on you the danger of judging that there is no retention because a woman is defecating, even frequently. This has a very important practical bearing not only on the diagnosis and treatment generally, but it has a very important practical bearing on the question of colotomy. You are not to suppose that colotomy is necessarily excluded from consideration because the feces are passing. The retention of feces may be going on to a dangerous and even fatal amount, although feces are passing; and colotomy may be imperatively demanded.

I will illustrate this subject by several examples. For instance, pregnancy leads in the early stages frequently to ordinary constipation. But if you watch your cases of natural delivery you will frequently find in the extraordinary amount and in the character of the evacuations evidence that the advanced pregnancy had induced retention of feces, even when the bowels were truly described as moving regularly. A fibrous tumor of the uterus, and ovarian tumor both occasionally cause very dangerous and sometimes fatal retention of feces. Adhesions sometimes do the same. Another common cause of retention of feces is stricture produced by simple inflammatory disease or by lupus or cancer.

The next case is a still more interesting one. In this case the bowel was ruptured, probably at least partly in consequence of the distention of it. The patient died of peritonitis after two days. There was no stricture, but the obstruction was caused by cancerous degeneration of the wall of the dilated tube of the bowel for a great length. The cause of obstruction in this case was the same as is believed to be the cause of obstruction in enteritis. A considerable part of the bowel does not act; the feces accumulate in it, and are only propelled slowly by the *vis à tergo*, or not propelled at all. In the case that I am about to read to you the feces were

propelled, but inefficiently; and although she was, as you will observe, defecating frequently, and, to the eye of an intelligent nurse, defecating copiously, the feces were retained in an extraordinary manner, and no doubt helped to produce the fatal result from peritonitis. It was correctly diagnosed as a case of malignant disease in the left pelvic and iliac region but it was not ascertained, and I know no means by which we could have ascertained, that the lump in the left hypogastric region consisted chiefly of feces. We suspected it, but we had no means of getting further:

"E. W., aged twenty-five, unmarried. Menses began at seventeen; regular till two months ago; since have not appeared. Four months ago began to have difficult defecation. This gradually became worse, and for weeks the pain of defecation has been agonizing. For a month walking has been difficult, almost impossible, from hypogastric pain. Micturition is accompanied by shooting pains. A fortnight before admission she felt a lump in the left hypogastric region, which has increased in size and become the seat of pain. Bowels act, not scantily, twice daily. Urine natural. Is losing flesh. The belly appears natural on inspection, but on palpation a rounded hard swelling is felt, rising from the whole length of left Poupert's ligament. It is dull on percussion, sensitive to touch, quite fixed, and reaches as high as half way to the umbilicus. The tumor is felt to extend to the right, beyond the region of dullness, as far as the right pubic bone. The cervix uteri is on the right side of the pelvic excavation, and about an inch above the ischio-pubic ramus. It is indurated, and is in the midst of a dense sensitive hardness which fixes it. The bowels continue to act fully twice or oftener daily; feces hard and dark. On the fifteenth day she became suddenly worse, with symptoms of peritonitis, vomiting fetid green acid fluid in large quantity. She died two days after this aggravation of her condition. Post-mortem examination twelve hours after death. Peritoneal cavity contains fetid gas and a large amount of fetid, brown, semi-purulent fluid. The colon and rectum from cecum to anus is distended by a hard, solid, continuous column of feces the thickness of the forearm, greenish-black in color, and of the consistence of putty, nearly solid. No strictural obstruction to the progress of feces. The pelvic organs and the superjacent intestines to the left cohere in one mass. Malignant growth occupies the mesentery, which is half an inch thick; also the walls of the sigmoid flexure and rectum, which are thickened. The bladder and uterus are not affected. To the left of the uterus is a soft fibrous mass the size of a small hen's egg, being the left ovary containing a cyst filled with about a dram of green pus. The right ovary can not be discovered. The seat of rupture of the bowel

can not be made out, the intestines having given way in several places during dissection."

You observe then that constipation is not a necessary symptom of retention of feces, and, that although retention of feces implies a certain kind of constipation, there may appear to be copious evacuations while retention of various kinds is still going on.

Retention with accumulation is diagnosed by feeling scybala, or by feeling the bowel distended by a mass which takes impressions like dough. Sometimes the hardness is so great and the pain produced by pressure so great that this doughy character can not be made out. When a woman suffers in this way from great retention of feces the belly is generally not tympanitic in any part. In one of the cases I have read to you there is sometimes intense griping, and if the retention is in the lower part of the rectum you may have tenesmus. In cases of this kind the whole body sometimes is infected by the fetid mass. The countenance is dull, the face sallow, and in some cases you can smell the breath distinctly feculent. The retention of feces, however, seems, so far as I have observed, to produce no very grave symptoms except what are mechanical.

The treatment of cases of this kind scarcely requires description. In common constipation you know the favorite purgatives are aloes and castor oil and turpentine, and such like. In cases of infarction of feces, where you can reach the feces you remove them, and you are recommended to remove them by a spoon or a lithotomist's scoop; but, so far as my experience goes, this is a very useless instrument; and although it may be disagreeable for the practitioner I recommend him to use his fingers as infinitely more efficacious than any scoop or spoon-handle. When the mass of feces is higher up I have tried what is called massage—pressure, gentle kneading of the bowels, to produce action and to produce a change of the shape of the feculent mass—but I have not been able to assure myself that this treatment has done decided good. Enemata are of very great service. The most valuable is the turpentine enema.

Lastly, in some cases of this kind, such as stricture of the rectum which can not be removed, or cases of paralysis of the rectum by malignant infiltration, you must consider the advisability of resorting to colotomy. Colotomy is intended to allow the stool to pass before it reaches the disease which causes the retention, and in many cases it is perfectly successful. It allows the feces to be passed through the loin in a manner causing great inconvenience to the patient, but perfectly successful. Of course if the disease is malignant, or otherwise a fatal disease, you can only get temporary relief; but that is a matter of very great moment.

Before concluding let me merely mention an

important and very disastrous set of cases in which there is circumscribed extravasation of feces as well as retention. When an ovarian dropsy or any such cyst bursts into the bowel it sometimes happens that feces regurgitate into the cyst, generally along with fetid air, and inflammation of the cyst is set up, with feverish and probably septicemic symptoms. Such cases generally, but not always, prove fatal. I have known life prolonged for months after the accident. A similar occurrence in every respect sometimes happens in the case of a perimetric or of a parametric abscess.

AIDS TO SURGERY.

By GEORGE BROWN, M.R.C.S., Gold Medallist Charing Cross Hospital, &c.; Author of "Aids to Anatomy, &c."

HYDROCELE.

DEFINITION.—A collection of serous fluid in close connection with the testicle or spermatic cord.

VARIETIES.

- (a) *Vaginal Hydrocele*; when the fluid is contained in the tunica vaginalis of the scrotum.
- (b) *Congenital Hydrocele*; when in infants the fluid is contained in the tunica vaginalis of the scrotum, and a communication exists between the sac and the abdominal cavity in consequence of the tubular prolongation of the peritoneum remaining unobliterated.
- (c) *Encysted Hydrocele*; when the fluid is contained in a cyst projecting from the epididymis or testis, and not communicating with the tunica vaginalis.
- (d) *Hydrocele of the cord*; when the fluid is contained in a sac situated on some portion of the spermatic cord, either in or below the inguinal canal.

CAUSES.—Except in the congenital variety, the cause is generally obscure. Occasionally it is traced to a blow or strain, or to an attack of orchitis. Whatever the exciting cause may be, the secretion of fluid in vaginal hydrocele is due to some inflammatory affection of the serous membrane. In the congenital variety, whether of the cord or of the scrotum, the fluid gravitates into the part from the abdominal cavity, and, as long as the communication remains open, it can be pressed back into the abdomen.

DIAGNOSIS.—Vaginal hydrocele has to be distinguished from scrotal hernia, hæmatocele, and cystic disease of the testicle. Occasionally hydrocele and hernia co-exist when the diagnosis is very difficult. The tumour in hydrocele is generally pyriform in shape, smooth in outline, fluctuates on palpation, is free from pain and tenderness, terminates (except in rare

cases) at the external abdominal ring, cannot be reduced (except in the congenital variety), is translucent unless the fluid is thick, bloody, or opaque. Hydrocele may exist with enlargement of the testicle, when translucency may not be observed. The history of the case is important. In hydrocele, the swelling commences below in the scrotum, and ascends to the groin, whilst in hernia the swelling first appears in the groin and upper part of the scrotum. In hydrocele, the testicle lies at the back of the scrotum with the fluid below and in front, whilst in hernia the testicle lies at the lower part of scrotum below the hernial sac. In cystic disease of the testicle the fluctuation is limited to one portion of the tumour, whilst in hydrocele it is present all over the swelling. The translucency of hydrocele is generally sufficient to distinguish it from hæmatocele, but in doubtful cases a puncture with a fine trocar will decide the point.

TREATMENT.—The treatment of vaginal hydrocele may be *curative* or *palliative*. The palliative treatment consists of simply tapping the hydrocele with a fine trocar and canula, and drawing off the fluid. In a few months the sac will become refilled with fluid, and tapping must be repeated. Various methods have been recommended for the radical cure of hydrocele. The most simple, and the one generally adopted, is to draw off the fluid by tapping, and then inject through the canula a mixture of about equal quantities of tinct. iodine and water. Inflammation ensues, usually resulting in radical cure. Other fluids are sometimes injected, as port-wine, solution of sulphate of zinc and warm water. When injecting the sac fails, the seton or free incision may be resorted to, but the cases are rare in which these are necessary. *Hydrocele of the Cord* may be treated as vaginal hydrocele, but in this variety the seton will be found very successful. In *Congenital Hydrocele* active measures are seldom necessary, the application of cooling lotions to the scrotum being generally sufficient to effect a cure. Occasionally it is necessary for the child to wear a truss for a time, in order to obliterate the communication between the scrotum and the abdominal cavity.

HYDROPS ARTICULI OR, HYDRARTHROSIS,

DEFINITION.—A swollen condition of a joint arising from excessive accumulation of fluid. Most common in the knee-joint, and is usually known as "dropsy of the joint."

CAUSES.—Chronic synovitis resulting from injury, rheumatism or osteo-arthritis.

TREATMENT.—Absolute rest to the joint; application of back splint in case of knee-joint, blisters and counter-irritations by means of iodine and other liniments. Scott's dressing often answers well, as also does strapping the joint with mercurial plaster. Iodide of potassium and tonics to be given internally. In

extreme cases the joint may be tapped by means of the aspirator.

IRITIS.

DEFINITION.—Inflammation of the iris.

VARIETIES AND CAUSES.—Three varieties of iritis are given, classified according to their causes.

- (a) *Simple iritis*, from irritation of foreign bodies in the conjunctival sac, or on the cornea; blows, friction of the cornea by granular lids or inverted eyelashes, or general debility after acute illness.
- (b) *Rheumatic arthritis*, met with in persons who are the subjects of attacks of rheumatism and gout.
- (c) *Syphilitic iritis*, as met with in persons the subject of hereditary or acquired syphilis.

CHARACTERS AND SYMPTOMS.—This affection is characterised by great pain in the eye and intolerance of light; a zone of pink or violet vessels forms around the cornea, the pupil becomes diminished in size, and sometimes irregular in shape, and loses its mobility, the iris changes its color to brown or greyish green. The aqueous humor also assumes a muddy appearance. In bad cases lymph is effused in the structure of the iris, the surface of which acquires a rusty or nodular appearance, and adhesions either between the iris and cornea, or between the iris and lens-capsule (synechiæ), take place. In rheumatic iritis the patient is likely to have a frequent recurrence of the attack. In syphilitic iritis the symptoms generally are more marked and severe, and frequently the surface of the iris becomes dotted with minute nodular excrescences of a dirty yellow color, called lymph nodules. The patient's history is important in the diagnosis of syphilitic iritis.

RESULTS.—If proper and prompt treatment be adopted perfect recovery generally takes place. In severe and neglected cases the results may be atrophy of the iris, anterior or posterior synechiæ, closure of the pupil, or capsular cataract.

TREATMENT.—First remove the local cause, if any be present, then endeavour to relieve the pain by belladonna fomentations and the administration of sedatives. The pupil to be kept dilated by means of solution of atropia. The patient should be kept in a darkened room, or wear a shade. If there is much pain leeches should be applied to the temples. In severe cases, mercury with opium (2 grains of blue pill with $\frac{1}{4}$ grain of opium three times a day) should be given, care being taken not to proceed to salivation. In debilitated persons iron and quinine with cod-liver oil are indicated in rheumatic iritis, colchicum and iodide of potassium

are valuable. If adhesions interfere with vision, or closure of pupil results from iritis, the performance of iridectomy is necessary.—*Hospital Gazette*.

TREATMENT OF EPILEPSY.

By W. R. GOWERS, M.D., F.R.C.P., Assistant Professor of Clinical Medicine University College, London.

The treatment of epilepsy, it was remarked, is a subject on which numerical analysis gives little help, because so many patients whose fits cease under treatment relapse when treatment is relinquished. The time available permitted little more than a statement of the remedies most useful in 562 cases in which the effect of treatment was carefully noted. The results showed that, while we must not rely *exclusively* on bromides, on these our chief trust must still be placed. Of the three alkaline salts the bromide of potassium deserves, as it has received, the first place. The salt of ammonium is more useful, only in proportion to the slightly greater quantity of bromine which it contains, while a careful comparison in a series of cases between the salts of sodium and potassium showed that the former is distinctly less useful. The maximum effect of each dose of bromide occurs the sooner, the smaller the dose; hence small doses used to be given frequently. Bromide lessens reflex action, perhaps by increasing resistance in the centre, since it antagonises strychnia, which is believed to lessen resistance. If the view that unstable resistance is the chief element in epilepsy is correct, increase of resistance may be the explanation of the action of bromide. The mode of administration is usually by continuous course, in doses just sufficient to arrest the fits. Given thus it was rarely found well to give more than a drachm and a half daily; if this does not suffice, combinations with other drugs answered better than increasing the regular dose. But it was urged that a course of large doses may be for a time employed, with a view of obtaining the full nutritive change in the nervous system, which bromide can effect. For this purpose it was thought best to give it in considerable doses, at longer intervals, beginning with half an ounce. The largest single doses given had been of one ounce, the doses being given at intervals of three to five days.

The value of the various combinations of bromide with other drugs had been tested by ascertaining first, during several months, the effect of a given dose of bromide, and then adding to it the agent to be tested. Of the combinations in common use, those with digitalis and belladonna deserve, as they have commonly received, the first place. Digitalis has enjoyed repute in epilepsy for two hundred

years. Alone it sometimes does marked good, and in 63 cases the combination of digitalis and bromide was distinctly more useful than bromide only; in 37 of the cases the attacks ceased during the treatment. The effect of this combination is not confined to the cases in which there is cardiac disturbance, although in these it is almost always useful. Digitalis markedly increases the effect of bromide in nocturnal epilepsy. A case was mentioned in which a patient had not had a single fit for two years on the combination, although he had a fit at night every few weeks on bromide only. Belladonna alone will sometimes arrest attacks. The combination of it with bromide was distinctly more useful than bromide alone in 35 cases, and in 15 arrest of the fits was obtained. Indian hemp is now and then of marked service even alone. A case was mentioned in which the attacks always ceased on this drug, and recurred at once when bromide was substituted. Other combinations which had been found useful were bromide with aconite, and bromide with hydrocyanic acid. The cases in which the addition of iodide to bromide increases its effect are rare.

Zinc deserves some of the repute it has enjoyed for more than a hundred years. Of a large number of cases, in which the oxide was used in doses as large as the patient could bear it, it was distinctly useful in ten, but in only three did the attacks cease. Bromide of zinc, in doses which could be borne, and the bromide of camphor, had seemed of small value. The addition of arsenic to bromide in no case had any influence on the fits, although largely used, on account of the certainty with which the bromide rash could thus be lessened or removed. Turpentine (recommended by Dr. Radcliffe) had been found distinctly useful only in hystero-epilepsy. The use of iron in epilepsy was discountenanced by high authorities. In some cases it seemed to increase the attacks, but in the majority in which it had been given its influence was distinctly beneficial. In four cases the attacks ceased on iron only; in eight others iron alone was distinctly better than bromide alone; and in nineteen the addition of iron to bromide had a marked influence; in eleven the attacks, which had persisted on bromide, ceased when iron was added, and remained absent as long as the combination was given. In several inveterate cases, in which bromide had little effect, the lecturer had given borax in doses of ten to fifteen grains twice or three times a day. In some it was useless, in some its beneficial effect was most distinct. Several cases were narrated in which the attacks ceased for a long time under its use. Occasionally it causes gastro-intestinal disturbance, but many patients bear it well. *Cocculus indicus* had not been tried sufficiently for an opinion to be formed, but very little benefit had been observed

from its alkaloid, picotoxine. The same conclusion was drawn from an interesting series of cases in which Dr. Ramskill had employed it hypodermically, which showed, however, that a dose of eighteen milligrammes will almost invariably produce a fit in from twenty to thirty minutes. Other drugs which had been tried and found useless were benzoate of soda and nitro-glycerine.

In hystero-epilepsy bromides, sometimes useful, often fail. Belladonna, iron, valerianate of zinc, and turpentine had appeared of greatest value. The treatment of the actual attacks of hystero-epilepsy is often a matter of difficulty. In the slight fits Dr. Pare's plan of closing the mouth and dose is often useful. When this fails Parodisation of the skin and cold douches on the head and water poured into the open mouth are often efficacious. Chloroform is of little value. Where all fail the lecturer had found the hypodermic injection of apomorphia invariably successful. After a twelfth of a grain had been injected, in four minutes all spasm was over, in six minutes the patient would get up, in eight minutes vomit, and then, except for slight nausea, be well.

In conclusion, the lecturer remarked that although the condition of many epileptics was still gloomy enough, yet the present generation had witnessed an advance in the treatment of the disease equalled perhaps in no other branch of therapeutics. Thanks to the influence of the drug the use of which in epilepsy was wholly due to Fellows of that College, hundreds of sufferers had been cured, and thousands were leading useful lives who would otherwise have been incapacitated by the disease. For all the victims of the disease we might surely trust that the progress of the recent past is the dawn of a brighter day.—*Dublin Medical Press, March 10, 1880.*

• TOPICAL USES OF ERGOT.

In the *American Journal of Medical Sciences*, July, 1879, Dr. WM. C. DABNEY mentions some local uses of ergot. He writes:—

In cases of *pterygium* I have used it with decided benefit. A solution of the strength mentioned above was applied three times a day, and the growth was checked thereby. In none of the cases where I have used it thus far has it exerted a curative action, but it is highly probable that if persisted in the blood-vessels supplying the pterygium would become so much contracted as to cause an actual diminution in the size of the growth.

In *pharyngitis* I have obtained excellent results from the application of a solution of Squibb's solid extract of ergot to the throat; indeed, no other remedy has given anything like such satisfactory results in my hands. Just as in oph-

thymia, the remedy seems to act much better in chronic than in acute cases. It is especially applicable when the blood-vessels of the pharynx are enlarged and tortuous, and when the secretion is not very great. In those cases where the mucous membrane is thickened, it acts much more slowly, and in acute cases it possesses no advantages over other remedies. In affections of the pharynx, and in other cases to be mentioned hereafter, a combination of ergotine with tincture of iodine, as in the following formula, is especially efficacious:—

℞ Ergotine, grs. xx
Tinct. iodine, f 3 j.
Glycerine, to make f 3 j. M.

To be applied to the pharynx freely, twice a day, with a camel's-hair brush.

In *hypertrophy* of the *tonsils*, which is so often an accompaniment of chronic pharyngitis, the same solution applied to the glands two or three times a day gives excellent results.

It is probable that nasal catarrh would be benefitted by ergot, locally applied. The great trouble in these cases has been that remedies applied with the nasal douch have remained in contact with the congested Schneiderian membrane too short a time to do any good. About two years ago Dr. George Catti proposed the use of gelatine bougies, which were to be inserted through the anterior nares, and then allowed to soften and flow out by the posterior nares. These bougies could be medicated with any agent which it was thought desirable to use, and in a note appended to the translation of Catti's paper in the *Virginia Medical Monthly* I suggested the use of ergot in this way. I have never tried the bougies myself, however. In one case of catarrh, when the inflammation was seated near the posterior nares, I applied a solution of ergot and iodine by means of the post-nasal syringe, but the result of the treatment is not known. A solution of ergot in glycerine may also be applied to the nasal mucous membrane by means of a camel's-hair pencil, but I cannot say that I have had satisfactory results from any mode of application which I have tried thus far. If the medicine be applied to the Schneiderian membrane in any way, the iodine should not be added to the mixture at all, or else only in very small quantity.

It is unnecessary to say anything as to the use of this agent in *hemorrhoids*, as it is mentioned now in nearly all the text-books on therapeutics, and is in common use.

It seems almost needless, also, to say anything as to its use in *metritis* and *endometritis*. But, although it is mentioned now in nearly all the works on gynecology, its value does not seem to be recognized by the majority of general practitioners.

It appears to be especially applicable in *cer-*

vical metritis. The manner in which it should be applied depends on the season of the year and the temperature. When the weather is sufficiently cool suppositories are preferable, but in warm weather it is difficult to handle them and keep them from melting. The addition of extract of belladonna increases the efficacy of the ergot, and also tends to relieve any pain which may be present. The following formula I have found serviceable:

℞ Ergotine (or solid extract of ergot), grs. xx.
Extract of belladonna, grs. ij.
Cocoa butter, q. s. M.

Make into six suppositories, and insert into the vagina every night after using the hot douche.

In warm weather a solution of ergotine and extract of belladonna in glycerine and water may be used in place of the suppositories, as in the following formula:

℞ Ergotine (or Squibb's solid extract), 3 ss.
Extract of belladonna, grs. vj.
Water and glycerine, aa f 3 iv. M.

A pledget of cotton is to be saturated with this solution, and inserted into the vagina at bedtime after the hot douche. (The cotton should, of course, be removed in the morning.)

It has been proposed to paint a solution of ergot on the os and cervix with a camel's-hair pencil, and favorable reports of this mode of treatment have been published. So far as my own experience enables me to judge, those cases where there is a copious discharge of mucus or pus are much less amenable to treatment than others, and this is probably due to the fact that the medicine remains in contact with the diseased surface such a short time before it is washed off. And I would call attention just here to the advantages of glycerine over water as a *vehicle* when ergot is applied to mucous membranes where it is liable to be speedily washed off. The tenacious properties of glycerine keep the remedy longer in contact with the diseased surface, and in addition to this the glycerine itself is, as Dr. Marion Sims long ago pointed out, of decided value in reducing some of these chronic inflammatory engorgements.

A TASTELESS SALINE PURGATIVE.

M. Yvon finds that the disagreeable taste of sulphate of magnesia may be completely concealed by the addition of a few drops of the essence of mint, provided that the quantity of the vehicle be small. He advises that 3vi. of the sulphate should be dissolved in about 3i of water, two or three drops of the essence of mint being then added; or the flavoring agent may be added to the salt, and the patient directed to dissolve the whole in as small a quantity of water as possible.—*Paris Médical*, 14th August, 1879; *Lyon Médical*, 31st August, 1879.

FLAGELLATION A PREVENTIVE OF UTERINE HEMORRHAGE.

(By Isaac E. Taylor, M.D., Emeritus Professor of Obstetrics and Diseases of Women, and President of Bellevue Hospital Medical College of New York.)

1. Flagellation of the child's back previous to its complete delivery as a *preventive* of uterine hemorrhage.

2. Flagellation of the abdomen of the woman after the delivery of the placenta as a *substitute* for the introduction of the hand into the cavity of the uterus.

I most cheerfully assent to the wish and action of the Obstetrical Section requesting me by resolution to present the views and opinions which I laid before them December 23, 1879, for the consideration of the Fellows of the Academy this evening.

The title of my paper is embodied in two propositions:

First. Flagellation or spanking the child's back previous to its complete delivery, as a *preventive* of uterine hemorrhage.

Second. Flagellation of abdomen of the woman after the delivery of the placenta, as a *substitute* for the introduction of the hand into the uterine cavity.

We will all admit the physiological fact that the uterus is the only organ in the female economy that has an habitual sanguineous fluid issuing from it. We also know that it is the only organ which physiologically has large, oblique, open sinuses without valves, the blood from these sinuses coming directly from the vena cava and the heart itself, and not coming from the returning veins of the uterus.

The slightest derangement, either from a physiological or a pathological process, in the separation of the maternal from the fetal circulation may entail an unfavorable and sometimes a fatal termination. Frequently not the slightest evidence is given before or after labor has commenced. Every thing in the lying-in chamber before and after delivery of the child appears to be progressing favorably; the countenance of the mother is radiant with joy, and that of the attendants and the medical man cheerful and encouraging, when the blood is suddenly heard gushing forth in a full and rapid stream, and the patient is in a state of extreme syncope.

Blundell has seen two cases die suddenly in one night from this cause. In cases of this decided character, though not frequent, it is imperative that the obstetrician should be provided with all possible resources, and they should be employed for the welfare of his patient. He should possess in himself calmness, courage, judgment, decision, promptness of action; and if not thus fortified mentally and prepared, he should never, as Lee has said, "cross the threshold of the lying-in chamber."

At the meeting of the American Gynecological Society, held in Philadelphia, September, 1878, two papers on the treatment of Post-partum Hemorrhage were read and presented for consideration. A long discussion ensued respecting the different methods of treatment in those cases. One of the papers—that by Dr. Wilson, of Baltimore—advocated the hand as a curette to remove all or whatever portions of the placenta that may remain, and to excite uterine contraction by scraping the inner surface of the uterus. The other paper was by Prof. Penrose, of Philadelphia, who recommended very highly, after several years' experience, the introduction of a rag or pocket-handkerchief saturated with common vinegar in the uterine cavity and squeeze it. Both of these papers had reference to, and were suggestive of, treatment by art after the delivery of the placenta.

From the nature of the remarks which were made on that occasion I am induced to present and suggest another method or means to the many already before the profession and so generally pursued. I am fully aware that it might seem almost superfluous for me to even attempt or hint another method, but the favorable results arising from it prompt me to do so. It is one, however, simple, efficient and decided. One always on hand and at hand, having for its recommendation a physiological basis, not only as a means for arresting the blood or flooding in many cases decidedly after the delivery of the child, but, secondly, it is especially of more and greater importance as an aid to prevent the flooding from taking place before and after the delivery of the placenta. I shall consider the method of treatment which I present, as I said, in two propositions:

First. Flagellation or spanking the child's back moderately every now and then after the delivery of the shoulders, permitting the breech and the extremities of the child to remain in the vagina, and the feet thus placed in apposition with or in the cervix uteri, remaining for fifteen or twenty minutes or more without being withdrawn. Pressure over the uterus by the hand is to be avoided till the delivery of the child, which should be slow and gradual, as it might effect the delivery of the child before we had gained our object, and at the same time the spanking should be quick but gentle, and not too harsh, and continued until the delivery of the child is completed.

Second. After the delivery of the placenta, should hemorrhage occur, expose the abdomen and flagellate it with a towel doubled up, the ends held in the hand, saturated or not with ice water. Several rapid and powerful strokes should be made, when the unrecognized uterus will be almost immediately felt contracting or contracted, no matter how profuse or rapid the flow may be. In one instance, having ocular

demonstration after the delivery of the placenta, the stream of blood was as large, full, and rapid as that which flows from a croton faucet.

Should uterine contraction ensue and relaxation take place, a milder application of the same means may be resorted to till the contraction is deemed secure and other measures adopted, if necessary.

There can be no procrastination or temporizing action in these sudden and violent cases. The appearance of the method to those present, or to the patient herself, if conscious, with the suddenness and rapidity of its application may seem harsh, abrupt and unnecessary. We have, however, nothing to do with appearances or feelings in such critical emergencies. We are imperatively reminded that life or death is swaying in the balance. Duty commands decided and prompt action. By this procedure I have in some instances had the gratification of feeling the apparently lifeless organ fold itself up under the touch, the uterus contracting or contracted, and our patient's life safe certainly for the time being. Under such circumstances, hot or cold water injections, as well as the hand internally, has in many instances failed to arouse into contraction the perfectly atonic or moribund organ.

After contraction has once been secured, then that treatment which the views or experience of the medical attendant may elect can be pursued, whether by hot water or cold, externally or internally, or mixed with other substances, or by tincture iodine or sulphate of iron, accompanied with the ordinary and usual manipulations externally over the uterus.—*The Independent Practitioner*.

TREATMENT OF CRACKED NIPPLES.

Dr. Haussmann treats cracked nipples by applying lint soaked in a two per cent. solution of carbolic acid. The wet lint should be applied every two or three hours. The treatment gives instant relief from pain, and, although the child continues to use the nipples, cure is established within three days.—*New Remedies*.

HOW TO MAKE A SPICE-BAG.

Dr. A. A. Smith, in the *New York Medical Record*, gives the following directions: Take half an ounce each of cloves, allspice, cinnamon, and anise-seeds, bruised, but not powdered, in a mortar; put these between two layers of coarse flannel about six inches square, and quilt them in. Soak this for a few minutes in hot spirits (brandy, whiskey, or alcohol) and water, equal parts. It is to be applied while warm; renewing it when it gets cool. Used in the diarrhoea of infants and children, it has not only the effects of a poultice, but also the sedative and antiseptic effects of the spices.

THE TREATMENT OF CHRONIC NASAL CATARRH.

In the *American Journal of the Medical Sciences* for January, 1880, we find an article on a new method of treating chronic nasal catarrh, by Harrison Allan, M.D., Professor of Physiology in the University of Pennsylvania, in which the author points out that, in the normal nasal chamber the turbinated bones do not touch the nasal septum, neither do the middle or inferior turbinated bones impinge on each other, or the floor of the nose. Should, however, chronic nasal catarrh be present, the middle turbinated bone is often seen lying close against the septum, or the inferior turbinated bone is found occluding the inferior meatus.

But the mere contact of the anterior portion of the middle turbinated bone against the septum should not be looked upon as of necessity an exciting cause of nasal catarrh. Not infrequently perfectly healthy persons will exhibit such contact over a small surface. But in such instances the contact is often found to be slight—the apposed surfaces barely touching—and a probe can be passed without pain or sense of obstruction. In the contact which has clinical significance we should expect firm pressure of the scroll and septum against one another, and some pain to follow manipulation.

When the point of contact is recognized, the indication for treatment is to destroy it. This is accomplished by means of local remedies applied to the mucous membrane at and about the places of contact, or, in examples of abnormal deflection of the nasal septum, by removal of the offending portions of bone. In the case of the inferior turbinated bone, the swollen and engorged tissues occupying the inferior meatus may be removed by the knife.

To make topical applications to the interior of the nasal chamber, the author employs a simple cotton carrier, closely resembling the instrument in common use by the aurist. It consists of a single tapering rod of soft iron, slightly roughened at the smaller end, for convenience of holding a pledget of absorbent cotton, and fixed in a small wooden handle at the other. A wooden handle is preferable to a metallic one, since the latter is liable to fall out of the nasal chamber from its own weight, if the hand supporting it be removed for but a moment. It may be bent at an angle, and the absorbent cotton can be steeped in any desired substance, and carried to the spot selected through the nasal speculum. The pledget of cotton should be moistened in water and warmed for an instant over the flame of the lamp. Thus prepared, it does not irritate the mucous surfaces more than any other intruding solid substance. After employment of various agents, the author has found the best results from a combination of tannic acid with carbolic

acid or iodoform, held in suspense in gelatine. The object of employing gelatine rather than water or spirit, is to enable the medicine to remain for a long time in contact with the affected parts, and, in dissolving, to form a thick fluid which measurably imitates the consistency of the normal secretions of the parts.

The following formulæ are those ordinarily made use of by the author:—

Stiff iodoform preparation, with geranium and carbolic acid:—

R. Pure carbolic acid,	grs.v
Fl. ext. geranium maculatum,	gtt.xv
Distilled glycerin,	gtt.x
Powdered iodoform,	3 ijss
French gelatine,	3 j
Water,	q.s.

Dissolve the gelatine in a little water, then add the other ingredients, and rub to a smooth paste.

Stiff iodoform preparation without geranium:—

R. Pure carbolic acid,	grs.v
Distilled glycerin,	gtt.x
Powdered iodoform,	3 ijss
French gelatine,	3 j
Water,	q.s.

Dissolve the gelatine in a little water, then add the other ingredients, and rub to a smooth paste.—*Philadelphia Medical and Surgical Reporter.*

TIGHT-LACING.

Dyce Duckworth, M.D., F.R.C.P., in an article published in *The Practitioner*, January, 1880, says—

I have to state, then, that I find in a considerable proportion of women, among hospital patients, and frequently in the case of those in higher ranks, that the stays are either too small, or are fastened too tightly. In many instances this compression is practiced unwittingly. Stays last for a long time. The wearer grows, and the stays are too small, or they are procured just as any other article of dress, without reference to the particular figure they are to encircle.

In most instances stays are made by the gross, like gloves, stockings, or boots; they are kept in different sizes, but no care is commonly taken to secure a proper fit. It must be borne in mind that they constitute a very important article of clothing for the poorer women, since they are by them regarded chiefly for their warmth, and not merely for support. It usually happens that they are adopted in early life, and as puberty approaches, insufficient attention is paid to the changes occurring in the figure at that period. And thus at an early age young girls come instinctively to accustom themselves to a measure of constriction from their stays.

When new stays are required, there is at once a repugnance to such as would fit properly, and, therefore, the same degree of tightness is imperatively demanded as has been hitherto borne. Thus it is that when one comes to examine into the matter, the unvarying remarks are offered: "I am not at all tight; my stays are quite easy and comfortable; I could not endure to be tight; I never lace tightly."

The result of the inquiry almost as commonly is, that the stays are found to be from one to four or five inches smaller in girth than they ought to be.

This miserable imprisonment is, as I have observed, in most instances involuntary; it is not practiced because it is fashionable, it is not the result of ambition to have a small waist, but it comes about for the most part in the manner I have described. Of course, in many cases, it is done deliberately.

The results are more harmful than is generally believed, but they are only such as might be predicated.

I find many cases of dyspepsia in women yield quickly to the use of proper stays. Again and again I have known chronic vomiting in young girls to be due solely to tight stays. Palpitation and dyspnoea, not due to anæmia, are frequently caused by bad stays. The worst cases naturally occur in young women who are inclined to *embonpoint*, and whether this be constitutional or aggravated, as is that condition, by anæmia, the obese tendency commonly both adds to the compression, and gives cause to the wearer to increase her troubles in the efforts to retain (what she conceives to be) shapely proportions.

LINIMENTS FOR RINGWORM.

A writer in the *British Medical Journal* gives the formula for Coster's paste, thus:

R. Iodine pigment....2 drachms.
Oil of cade or oil of juni-	
per tar.....1 ounce.

Mix. For an embrocation.

He finds the following formula, however, most effectual:

R. Iodine pigment.....	4 drachms.
Creasote.....	4 "
Oil of cade.....	4 "

Mix.

This, he says, in cases of early ringworm, is an effectual remedy if well brushed into the roots of the hair. The addition of a quantity of iodine makes the preparation more valuable.

The *iodine pigment* of the British writers is made by dissolving one drachm of iodine in one ounce of alcohol, and allowing the solution to stand in a glass-stoppered bottle for several months before it is used, when it will become thick and syrupy.

CALLING THE DOCTOR.

The following item from the *Louisville Medical News* illustrates one of the ways in which medicine is practiced in that city :

The other morning, as a belated member of the Owl Club was steering home through the dense fog, which the writer is reliably informed hangs over the city at 3 a.m., he passed the house of a well-known physician. The vestibule of this residence was open, and on its side the dim rays of the moon, struggling through the gloom produced by the efforts of the city gas company, disclosed the mouth of an acoustic tube, underneath which was the inscription, "Whistle for Dr. Potts."

Not wishing to be disobliging about so small a matter, the Owl stumbled up the steps, and steadying himself against the wall, blew into the pipe with all the strength of his lungs.

The physician, who was awakened by the resultant shrill whistle near his head, arose; and after wondering at the singular odor of whisky in the room, groped his way to the tube and shouted. "Well."

"Glad to know you're well," was the reply; "but, being a doctor, I s'pose you can keep well at cost price, can't you?"

"What do you want?" said the man of pills, not caring to joke in the airy nothing of his nightgown.

"Well," said the party at the other end of the tube, after a few moments' meditation, "O, by the way, are you young Potts or old Potts?"

"I am Dr. Potts. There is no young Potts."

"Not dead, I hope?"

"There never was any. I have no son."

"Then you are young Potts and old Potts, too. Dear, dear, how singular."

"What do you want?" snapped the doctor, who was beginning to feel as though his legs were a pair of elongated icicles.

"You know old Mrs. Peavine, who lives in the next block?"

"Yes. Is she sick? What's the matter?"

"Do you know her nephew, too—Bill Briggs?"

"Yes. Well?"

"Well, he went up to Bridgeport, shooting, this morning, and—"

"And he had an accident? Hold up a minute. I'll be right down."

"No, he's all right; but he got sixty-two ducks—eighteen of 'em mallards. I thought you might like to hear it."

And the joker hung on to the nozzle and laughed like a hyena digging up a fat missionary.

"I say," came down from the exasperated M.D., "that's a jolly good joke, my friend. Won't you take something?"

"What?" said the surprised humorist, pausing for breath.

"Why, take something. Take this."

And before the disgusted funny man could withdraw his mouth a hastily-compounded mixture of ink, ipecac and asafetida squirted from the pipe and deluged him from head to foot, about a pint monopolizing his shirt-front and collar.

And while he danced frantically around, sponging himself off with his handkerchief, and swearing like a pirate in the last act, he could hear an angel voice from above sweetly murmur:

"Have some more? No? Well, good night. Come again, soon, you funny dog, you. Bye-bye."

TREATMENT OF LARYNGISMUS STRIDULUS.

W. H. Day, M.D., physician to the Samaritan Hospital for women and children, writes, in the *Medical Press and Circular*, Feb. 12th, 1880—

The first indications are to remove all exciting causes. If the bowels are disordered they should be set right as soon as possible by proper aperients, and healthy digestion promoted. If the child has taken a heavy meal, or indigestible food, an emetic may be advisable; and should the gums be swollen, and dentition appear to invite the complaint, they ought to be scarified. The child should occupy an airy apartment, and noise and excitement be precluded. If seen during the paroxysm it should be kept in an upright position, and the windows opened, so that it may be encouraged to breathe. In severe cases, especially if a convulsion threaten, it may be immersed in a warm bath, while cold water is sprinkled at the same time over the face. Dr. Morley Rooke recorded a case of laryngismus stridulus in a child nine months old, where occlusion of the larynx during the fit produced symptoms like those of "a recently drowned person." The little patient "showed no sign of life" when first seen in the seizure; the lips were blue and swollen, the face a livid grey, and the eyes half closed and glassy. Dr. Rooke thrust his finger between the teeth to the fauces, when the child gave a short heave and a gasp; on repeating the movement inspiration took place, and in a few more seconds breathing ensued. On two more occasions, when occlusion of the larynx was equally severe, a similar manœuvre brought round the child. This is a mode of treatment well worth bearing in mind when the child threatens to die from spasm of the glottis. The cure was completed by bromide of potassium, which was taken for eleven months. Dr. Wardell also points out the beneficial effect of "rotating the finger in the throat" in these cases; it induces an attempt to vomit, when the laryngeal muscles become relaxed, and air is admitted into the trachea. He says

it is the first thing to be done, and he has seen it succeed when death seemed imminent." In extreme cases, where death threatens from asphyxia, the operation of tracheotomy should be employed. The inhalation of chloroform has been recommended in some cases, but then its influence soon passes off, and it cannot be said to have any curative effect. When there is much restlessness, and the child can obtain no sleep, the excitability of the nervous centres must be calmed, and for this purpose small doses of morphia may be cautiously employed. In the intervals of the seizures the bowels must be kept freely open, so as to remove all sources of irritation that might sympathetically excite spasm.

Among the chief drugs are belladonna, in the form of extract or tincture, which sometimes has the effect of diminishing the glottic spasm, but in most cases it fails altogether. Bromide of potassium is very serviceable given with citrate of potassium, sal volatile, or quinine, according to the peculiarities of each case. Carbonate of ammonia, henbane, bark, and mild preparations of iron, as the ammonio-citrate, or the syrup of the iodide, are remedies to be selected. If the child is strumous and rickety, or in any way delicate, cod-liver oil is invaluable. It is a remedy which ought to be persevered with, as, by improving the general health, we may so keep off the disease.

Diet is of great importance, and, when carefully selected, the disease may disappear without drugs. If the child is fed at the breast, it is sometimes advisable to change the nurse or to give cow's or ass's milk. If older the food must be light and nutritious, and given frequently, in small quantities. The clothing should be warm, and, if the child is not too ill, he ought to be taken out in the open air daily.

CONFLAGRATION FROM THE USE OF THE THERMO-CAUTERY DURING ANÆSTHESIA FROM ETHER.

The *British Medical Journal* (November 22, 1879,) from a French source, gives an account of an operation under ether for arthritis of the knee-joint, in which the actual cautery was employed. Five ounces of ether had been employed. The window had been opened, the room was large, and the ether-bag was to a certain extent separated from the thermo-cautery. Suddenly the room was in flames, and the bed was enveloped in them. The ether-bag was thrown down on the floor, and the patient quickly removed. She was only slightly burned, but the physician who was administering the ether was severely injured. Similar accidents have been noticed elsewhere. Ignition does not occur when the wire is only heated to redness: a white heat is necessary. Some years ago Dr.

Dolbeau practiced local anæsthesia with ether spray on the hemorrhoids of a patient about to be operated upon. The apparatus having been removed, the red-hot iron was applied, but the ether vapor caught fire, and produced a general conflagration and extensive burning of the surrounding parts without affecting the hemorrhoids.

THE TREATMENT OF SYPHILIS.

In a paper read before the Los Angeles County Medical Association, November 7th, 1879, and published in the *Pacific Medical and Surgical Journal*, December, 1879, Walter Lindley, M.D., thus describes the plan which he has adopted and practiced for many years:—

When a patient comes to me with a well marked syphilitic chancre and bubo, I tell him distinctly that I will not undertake to cure him unless he will remain under my treatment for one year. If he consents, I prescribe—

R.	Iodoform,	3 j
	Mucilage,	
	Glycerine,	aa gtt.x
	Oil of peppermint,	gtt.j M.

Make into a paste and apply to the chancre after washing, night and morning. This combination disguises the offensive odor of the iodoform.

For the bubo I usually prescribe iodine for paint, but doubt whether it is of much advantage.

Internally I give—

R.	Pil. hydrarg.,	gr. iiss
	Quinæ sulph.,	gr. ss. M.
	Ft. pil.	

Sig.—Take one three times daily.

If the patient is in the secondary stage, I give a mixture, as a rule as follows:—

R.	Hydrarg. chlor. corros.,	gr. ij.
	Pot. iodidi,	
	Pot. chloratis,	aa 3 iiss
	Syrup sarsaparillæ comp.,	3 iv. M.

Sig.—Take one teaspoonful three times daily.

Substituting comp. tinct. cinchona for sarsaparilla in atonic cases.

In the tertiary stages I increase the quantity of iodide of potassium, but adhere to the mixed treatment.

In the first of my practice, when I was in charge of the out-door surgical clinic, Brooklyn Eastern District Hospital, I often had cases of marked tertiary syphilis on whom I would first try the much vaunted large doses of iodide of potassium. The patient would improve for a while and then stop. I would add corrosive sublimate, and the change would be wonderful. He would gain in flesh and strength, and soon be free of pain.

Some advocates of the iodide treatment say

that about one-sixth of the tertiary cases need mercury.

As corrosive sublimate is known to produce red blood corpuscles, to act really as a tonic, it is, in my opinion, the safer plan to always combine it, or some other form of mercury, with the iodides in the treatment of syphilis. In all forms of syphilis, primary, secondary or tertiary, I continue mercurial or mixed treatment for at least one year.

CLINIC OF PROFESSOR SAMUEL D. GROSS, M.D., LL.D., D.C.L., OXON.

OLD DISLOCATION OF THE ELBOW.

CASE III.—This child, twelve years of age, has been brought here with a marked deformity of the elbow, and the statement has been made that it was caused by a fall three months ago. I explained to you, when on the subject a few days ago, the difficulty of reducing a dislocation of the bones of the forearm at the end of a fortnight or three weeks; but when it has existed for several months I always despair of obtaining a satisfactory result. This case has the characteristic deformity of a backward dislocation of the forearm. The olecranon process is extremely prominent, the three-headed extensor muscle is relaxed, the elbow, unnaturally full in front, and standing out in bold relief, partially flexed, and movable only to a limited extent.

This is what we call an "old" luxation of the elbow; as you know, some dislocations become old, *i. e.*, difficult to reduce, in a shorter time than others. What changes may take place in this joint in the short space of a few weeks, that will often make it impossible for us to restore the articulation to its proper relations, is a question which has never been answered by surgeons, and I cannot myself offer any satisfactory reason, but such is the fact; and a dislocation of the elbow that could be readily reduced at the time it occurred, in the course of three weeks may be practically irreducible.

Dislocations are sufficiently frequent at all periods of life. The elbow-joint may be luxated in four principal directions—backwards, forwards, inwards, and outwards. I call your attention, in this case, to the relaxed condition of the triceps muscle, which is one of the most important features in this form of dislocation. The forward dislocation is very rare. It is very uncommon when unconnected with fracture of the olecranon process. Lateral luxations are also very rare.

After giving the patient ether I will try the effect of forced extension, with counter-extension, holding the arm firmly, and drawing the wrist and hand downwards and backwards, and then suddenly flexing the forearm upon the arm.

It is much to be regretted that such a dislocation as this should not have been recognized and reduced at the time it occurred. All that is necessary, as the rule in recent cases, is to put the patient under the influence of an anæsthetic, then place the knee in the bend of the elbow, extend the forearm, and then suddenly flex the joint, when the bones will slip into their normal position.

There is great danger at this age, in making powerful traction and forcible extension, that the humerus may give way at the epiphyseal cartilage above the condyles. A twisted sheet placed in the armpit affords good counter-extension, while strong traction is made upon the forearm. The treatment in these neglected cases is generally unsatisfactory. The best rule is to make out the diagnosis and apply the remedy at the earliest possible moment. The surgeon in these powerful manipulations not only runs the risk of separation of the humerus above the condyles, but also of fracture of the olecranon, which has happened to me several times; but this is an accident which is perhaps not always to be regretted, as it does not interfere materially with repair.

The division of the tendon of the triceps has been proposed, and two cases have been reported in which it was performed by Dr. Sayre, with asserted good results. I fail to see how this expedient could effect any good purpose, as the muscle is already relaxed; the olecranon is carried, as you see, backwards and upwards, so that the tendon is not tense, but quite the contrary.

I will not make any further attempts this morning, but will bring the girl before you again after she shall have had a few days' rest in the hospital.

[On several occasions, subsequently, attempts were made to reduce this dislocation, but without success. Division of the lateral ligaments, by subcutaneous section, was also ineffectually performed. Even Dr. Sayre's operation was practised, as a dernier ressort, without avail. The patient was finally discharged, to return to her home, without being relieved.—F. W.]

GUTTA PERCHA FOR FISSURED NIPPLES.

Dr. KING, in the *St. Louis Courier of Medicine*, recommends the application to fissured nipples of a solution of gutta percha in benzine or bi-sulphide of carbon. He paints this solution all over the nipple, except the apertures of the milk ducts. It remains on two or three days, and usually the parts are entirely healed. Occasionally it needs to be re-applied. It is suggested that the cement used by cobblers in mending shoes, by what they term "seamless patch," would answer the above indication, but better still would be to use the officinal solution of gutta percha in chloroform.

NEW METHOD OF PLUGGING THE POSTERIOR NARES.

Ed. Phil. Med. and Surg. Reporter:—

Below I give you an extract of a paper read by me before the Highland County Medical Association, July 10th, 1878, on the subject of *Purpura Hemorrhagica*, setting forth a new plan, so far as I know, of passing the loop preparatory to tamponing the posterior nares.

"Probably the best device for the mode of operating to which I refer consists of a piece of round, fine-linked, gold chain, slightly flexible and smooth, about one-tenth of an inch in diameter and an inch or more long, attached by one end to a fine waxed silk cord, a foot or more long. If such a chain is not procurable a short strand of metallic cylindrical beads, or bird shot, compressed on a cord, or small strips of sheet lead wrapped on the cord, might answer the purpose, the essential qualities of a nasal gravitator being smallness, smoothness, light and slight flexibility. After providing an instrument, which can generally be done at any farm house, the patient is then laid upon the back, the floor of the nose brought as nearly vertical as may be, and the loaded end of the gravitator lowered into the pharynx. Its arrival there will generally be announced by coughing, retching or clearing up of the throat. The patient then being brought to an erect position easily hawks up the weight and carries it forward on the tongue, when the operation of plugging may be proceeded with as usual."

The practicability of this procedure I have had occasion to demonstrate frequently, and find it much less annoying to the patient than Bellocq's sound or other unyielding instruments.

J. M. SPEAR, M.D.

Highland, O., Oct. 20th, 1879.

FIRST SUCCESSFUL CASE OF CHOLECYSTOTOMY.

At the Royal Medical and Chirurgical Society, Mr. Lawson Tait recently reported the first successful case of this operation. The patient had been married eighteen years, had borne six children, and menstruation was normal and health good till the summer of 1878. At that time she had spasmodic pains in the right side, aggravated by walking and lifting any light weight. A swelling noticed in September slowly increased, and during last winter pain became more intense, and she presented a cachectic appearance, suffering from incessant headache, sickness and obstinate constipation. The seat of pain was over the right kidney, where there was a heart-shaped tumor, firm and elastic, without fluctuation, tender to the touch, and movable to each side. The urine gave only negative results. At a consultation with the author's colleague, Dr. Edginton, no decided diagnosis was attempted,

and the opening of the abdomen was agreed upon, which was performed on August 23rd, in the middle line, to the extent of four inches. The tumor was found to be a distended gall bladder, containing a white, starchy-looking fluid, and two large gall stones, one lying loose and the other impacted in the entrance of the duct and adherent to the mucous surface. The latter was removed after a tedious and very difficult operation (fully described in the paper). The stone and fragments weighed 6.11 grams. The wound in the gall bladder was stitched up to the upper end of the wound in the abdominal walls by continuous sutures, leaving the aperture into the bladder quite open, and closing the rest of the abdominal opening in the usual way. The operation was performed antiseptically, under ether. The patient rallied completely in a few hours, and the dressings of the wound were found stained with healthy bile. The flow of bile from the wound continued till September 3rd. The wound was completely healed on September 9th, when the patient began to take solid food, up to that time the diet having been restricted to milk and beef tea. On the 30th she went home quite restored to health. A temperature chart indicated the evenness and rapidity of the recovery. An entire absence of symptoms of gall stone rendered an accurate diagnosis impossible, but this was of less importance as late improvements in abdominal surgery made an early exploratory incision for ascertaining the true nature of the disease feasible. The author, in stating that he always used rigid antiseptic precautions in his abdominal sections, expressed some doubts as to his success being attributable in any way to them.

PHOSPHIDE OF ZINC.

Phosphide of zinc has proven a most efficient agent in the successful treatment of a certain class of affections. In very many instances it has been far more curative than phosphorus. Considered in the light of a curative agent, the phosphide of zinc stands alone, not only for the certainty, but for the rapidity of its action as a nervous tonic and stimulant. Its value, in these respects, has of late been fairly tested in the last and exhaustive stages of typhoid and other fevers, where the nervous energies have been so far prostrated as to render convalescence, if not doubtful, at least tedious and protracted. The great therapeutic value of the phosphide is evinced in the most distinct manner when used in the treatment of neuralgia. While phosphorus is seldom curative in doses of less than one-twentieth or one-tenth of a grain, phosphide of zinc yields as reliable and more speedy results in doses of one-tenth to one eighth of a grain. Few stomachs can tolerate more than one-thirtieth of a grain of phosphorus before

manifesting symptoms of irritation, which, in connection with the "matchy" taste soon evolved in eructations, often engender a disgust to its further continuance. On the other hand, experience with the phosphide of zinc has proven that it enters the circulation far more readily than the element, and in doses of from one-eighth to one-twelfth of a grain produces its curative influence far more rapidly, and is equally as permanent in therapeutic power.

It has been found extremely serviceable in neuralgia, in angina, in loss of memory and impotence, in loss of sleep from combined mental anxiety, and generally in those nervous affections that owe their origin to exhaustion and depression of the nerve force. Dr. Hammond's formula is one-sixteenth grain phosphide of zinc with one-fourth grain of extract of nuxvomica, made into a pill.—*Buffalo Med. and Surg. Journal*.

TREATMENT OF URTICARIA.

Dr. L. Duncan Bulkley, in *Archiv. Dermatology*, says that in the treatment of urticaria he has commonly afforded much relief by the external application of a tolerably weak solution of bicarbonate of soda (3 ij. to 3 vj. to the pint) with a little glycerine, the surface to be bathed with this morning and night, and to be subsequently lightly dusted with starch or rice powder. Carbolic acid (3 ij.—3 iv. to the pint) gives much relief. The *liquor picis alkalinus*, diluted with ten to twenty parts of water and used as a wash, will often afford perfect relief. The formula for this preparation of tar is:

Tar.....	2 drachms.
Caustic potassa.....	1 drachm.
Water.....	5 drachms.

Dissolve the potash in the water and add slowly to the tar in a mortar with friction. Baths are often of the greatest service, especially the *alkali and starch bath*. This is made as follows:

Carbonate potassa.....	3 ounces.
Carbonate of soda.....	2 drachms.
Powdered borax.....	1 ounce.

Mix. Use one such powder for a thirty-gallon bath, with from one-quarter to one half pound of starch. The surface may afterwards be anointed with cosmoline, containing from five to ten grains of carbolic acid to each ounce. When the itching is uncontrollable, the *chloral camphor ointment* will surely give relief. This is prepared thus:

Chloral hydrate.....	1 drachm.
Camphor.....	1 "
Rose ointment.....	1 ounce.

Rub well together the camphor and chloral in a mortar until a liquid results, and add to it the rose ointment. It should not be forgotten

that irritating underclothing may excite and keep up urticaria, and in severe cases, silk garments should be worn next the skin, or a very thin muslin may be interposed beneath a woolen shirt or drawers. In addition to the local treatment, hygienic and dietetic as well as constitutional treatment should be employed.

QUININE FOR CHILDREN.

It is probable that a very large proportion of the sulphate of quinine prescribed for the diseases of children is not administered as prescribed. The child objects to it on account of its bitterness, the nurse neglects to give it on account of the child's objection, the doctor does not observe the effects which he had anticipated, and is disappointed. Fortunately, the difficulty may be entirely overcome by the substitution of the neutral tannate of quinine for the sulphate. Five grains of the former equal two grains of the latter. The neutral tannate, moreover, is thought to be not inferior to the sulphate. However this may be, the absence of difficulty in its administration, and the consequent fact that it will generally be administered according to directions, would compensate for any possible inferiority of this sort as compared with the sulphate. It is tasteless, insoluble in water, and should be given in syrup or jelly. Its adoption entirely obviates all of the usual objections to the administration of quinine for children. It is a matter of surprise that its use is not more nearly universal.—*Chicago Medical Gazette*.

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MONTREAL, MAY, 1880.

The breeze, which for the last couple of months has stirred the Medical politics of Montreal, in connection with a vacancy which it was believed would occur in the attending staff of the Montreal General Hospital, though it has all but died away, has left behind it a few lessons which it may be worth while to glance at. The presumed vacancy, it was believed,

would occur by the resignation of Dr. Reddy, a gentleman who for twenty-five years has satisfactorily and faithfully performed his duty. This gentleman while still in the prime of life, and as full of energy and activity as he ever was, conceived the idea that, by resigning from the indoor staff, one of the out-door staff would be promoted to his place. The vacancy thus created on the out-door staff he hoped to secure for his son, a young physician of promise, who has lately commenced practice in Montreal, after a couple of years sojourn among the most celebrated Hospitals of Europe. To this end, he began a canvass among the Governors of the Hospital, in whom the power of election lies. While meeting with considerable success in his canvass, he found some at all events who held the opinion that there were others whose claims for such an appointment were stronger than those of Dr. Reddy, jr. As the day drew near when, according to the by-laws of the Hospital, the entire staff had to be re-elected, it was currently rumored that, as Dr. Reddy did not feel that his son's election was secure, he would not resign. That such was the actual state of matters, subsequent events have proved. Now we have no hesitation in stating that in our opinion Dr. Reddy made a very serious mistake in acting as he did, for he practically said to the Governors, if you will not elect my son, I will not give you the opportunity of electing any one else. It was but human nature for the Governors to feel that in truth Dr. Reddy was claiming the right of dictating to them, and there consequently arose among them a feeling of strong irritation. This found vent at the quarterly meeting of the Governors, held two days previous to their annual meeting, in a notice of motion to place Dr. Reddy and Dr. Wright upon the consulting staff. This motion gave rise to very great excitement for it was the first time in the history of the Hospital that an attempt was to be made to place any of the attending staff upon the consulting staff without their express desire, and actually against their will. For so many years the annual re-election of the same staff had taken place, apparently simply as a matter of form, that it seems not to have entered the heads of any of the Medical staff that the day might, and very possibly would, come when this annual round robin would end. But the

vast increase in the number of Governors during the last two or three years has, while giving the Hospital a considerable addition to its permanent funds, also given it a number of Governors who very properly hold the opinion that appointments upon its attending staff should not be held for periods extending in some cases considerably over a quarter of a century. They feel, very many of them, that there should be a limit to the time during which such appointments can be held, and while they do not desire to curtail it to a degree which would render it to a great extent valueless, yet there is a limit which it should not exceed, unless in exceptional cases, such for instance as those who hold appointments as clinical lecturers. Up to the time when this notice of motion was given, while some predicted it as regards Dr. Reddy, few thought to find coupled with it the name of Dr. Wright. This gentleman has, we are well aware, done the Hospital good service during the nearly if not quite thirty years of his appointment, and we think in times long past it equally returned the compliment. But for somewhere in the neighborhood of the past fifteen years, Dr. Wright has been an ordained priest of the Church of England, and as such has retired from the practice of his profession, although he retained his professorship in McGill University Faculty of Medicine, as also his Hospital appointment. In this position we are aware he is not entirely singular, it being possible to find at least one other similar case. Be that as it may, there is no doubt of this fact, that the rank and file of the profession in Montreal feel that Dr. Wright should, under the circumstances of his position, have long ere this retired from the Hospital staff. That a like feeling exists among the Governors, the introduction of his name into the resolution clearly proves. Its actual strength we are of course unable to estimate for when the annual meeting of the Governors took place, which it did on 20th of May, the two names were separated, and the vote taken first upon the transferring of Dr. Reddy to the consulting staff. Twenty-six names voted yea, and thirty-four voted nay. The motion being thus lost, Dr. Reddy was again elected on the attending staff, and that concerning Dr. Wright

was not put to the meeting. Thus ended this brief excitement, but its results are still evident. That it will be revived next year, is heard on every hand. How it will then result we do not predict, but we believe we are correct in saying that the strength which the vote developed was a surprise to many.

Before we close we desire to say a word as to the accommodation which the Governors room affords for such meetings. It is utterly inadequate. Many are unable to gain admittance to it, and when a vote is taken, many who are crowded on the gallery are, we have been assured, ignorant of the fact, and have thus been deprived of voting. If the by-laws render it necessary to meet within the Hospital building, is it not possible to adjourn to where larger accommodation can be obtained.

"Thackeray as a Draughtsman" is the subject of a paper by Mr. Russell Sturgis in the June *Scribner*, which brings together thirty or more of the novelist's sketches. As Mr. Sturgis says, Thackeray was by no means a good draughtsman; but the humor, "character" and picturesqueness of his pencilings have such an interest for most readers that technical deficiencies are apt to be forgotten. The examples selected are largely from early numbers of "Punch" and from the novels. The famous "Three of Spades," "from the original in stick-ing-plaster by Miss Williams," the initial to the "Ballad of Eliza Davis" and the "Horrid Murder," from "Punch," are among the wittiest and best.

REVIEWS.

A Guide to the Practical Examination of Urine for the Use of Physicians and Students. By JAMES TYSON, M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, &c., &c., &c. This edition revised and corrected, with illustrations. Philadelphia, Lindsay & Blakiston, 1880. Montreal, Dawson Brothers.

This small manual has so recently been noticed in these columns that little more is left for us to say. That it is well adapted for being a guide to so important a study as the Pathologi-

cal secrets, revealed by a urinary examination, is amply proven by the fact that a very few months has sufficed to dispose of a second edition. We have for several years had this volume a constant occupant of our clinical laboratory, and have rarely found it fail to give us just the information we needed. We have heard others express a similar opinion.

Richet's Histology and Physiology of the Cerebral Convolutions. pp. 142. W. Wood & Co., N.Y.

Perhaps in no department of medicine has greater advances been made during the past decade than in cerebral physiology. Previous to the past five or six years take up any work on physiology, and you will find the functions of the cerebral convolutions described as being limited to the functions of thought. It is quite true that Hughlings-Jackson, fifteen or sixteen years ago, had published in various periodicals his views on the probability of the cerebral convolutions containing centres for the regulation of certain definite and methodical movements, but it is not yet ten years since anything approaching these suppositions were actually verified by experiment. With the publication of the results of experiments by Fritsch and Hitzig, and the more satisfactory ones of Ferrier, a new era commenced in cerebral physiology. We now know that, besides being associated with the mind, certain convolutions, if not actually possessing "centres," are capable of giving rise to certain definite movements when stimulated by electricity.

Subsequent to the publication of these experiments a host of other investigators, notably French and German, have entered the field of enquiry, and contributed much to the elucidation of the subject. The work, the title of which heads this article, besides containing a description of the histology of the convolutions quite up to date, has also a resumé of the most important researches that have been undertaken by these investigators for the purpose of ascertaining their functions. Richet does not seem to have added much to our knowledge through his own investigations. We cannot quite agree with him in his preferring galvanism as a stimulant for the centres. We think faradization as applied by Ferrier is more likely to develop the purposive movements of the so-called

"centres." Galvanism can only momentarily stimulate upon opening or closing the current; when the current is passing, its electrotypic action at once manifests itself.

While agreeing with Ferrier to some extent, the author does not believe in the existence of actual "centres" capable of originating movement.

The book contains a mass of information regarding the cerebral convolutions that is absolutely necessary every medical man who wishes to hold even a mediocre position should know, part of which he will find only in two or three of the most recent works on physiology.

Nervous Exhaustion (Neurasthenia). By GEORGE M. BEARD, M.A., M.D. New York, William Wood & Company, 27 Great Jones street Montreal, Dawson Bros., St. James street.

This is a treatise written by a gentleman who has had great opportunities of gaining experience in nervous affections. It covers the ground fairly well, and adds another link to the chain of investigations that are now taking place in the many hundred manifestations of different nervous diseases.

We may not agree with all the opinions expressed, but we can confidently recommend it to the general practitioner.

Electricity in Medicine and Surgery. By JOHN J. CALDWELL, M.D., Baltimore, Maryland.

This pamphlet is a practical essay on some of the uses of electricity. It is evidently written to extol Kidder's batteries, and, from what we have heard of them, they are not too highly praised.

FOOD AND FOOD-MEDICINES IN SURGERY.

"I have long regarded food as the first of remedies, and have taken it as chief maxim in practice that a return to health lies through a return of the assimilative powers and a desire for natural aliment; that whenever a drug is administered it is but a means to this end; and that, in every instance, its nauseant powers, which are generally certain, are to be weighed against its antidotal virtues, which are, except in few instances, doubtful. * * * * *

"Concerning the virtues of Extract of Malt, which was introduced into this country from

the German pharmacopœia four or five years ago by the "Trommer Extract of Malt Co.," I can speak in a decided manner. An extensive trial of this remedy in the acute and chronic disorders of Surgery, during the past three years, has convinced me that it is a food-medicine of undoubted power, and the general hold it has gained upon the professional mind in America in this period shows that I share a very common opinion in regard to its merits.

"The introduction I had to this remedy was such as to make a lasting impression upon me. In August of 1876 a patient, aged five, in whom I had far more than a professional interest, after a slight indisposition for several days, began to show an elevation in temperature. As this was decidedly periodic, I thought it, of course, to be of malarial origin, and gave myself but little concern about it until I discovered it could not be permanently controlled by quinine. In decided doses the temperature would come down for a day, to rise again the next—reaching a maximum of 101°. Languor, weakness and anorexia increased; within a fortnight cough and bronchitis were established, and the patient was at length forced to keep her bed. As the symptoms did not improve the thought came to me that it was tubercle I had to combat. Oil was rejected, or taken after such a struggle that I substituted Trommer Malt Extract, which about that time was coming into some use in Louisville. Its beneficial effects were apparent in a very short time. The temperature speedily came down and remained down, the cough disappeared, and in a fortnight the child was at play. Whatever was the name of the disease, it was one of malnutrition; and I have always thought that what was or might have been the development of tubercle was arrested by the malt and milk upon which alone the child was kept after the first futile attempts to arrest the disease with anti-periodics.

"With such an introduction as this, of course I was led to use it in practice, and there are few accidents or diseases of Surgery in which I have not tested its virtues—so much so, in fact, that I fear their enumeration will sound much like an index." * * * *Extracts from paper by Richard O. Cowling, A.M., M.D., Professor of Principles and Practice of Surgery, University of Louisville, in the Louisville Medical News.*

CONTENTS.

ORIGINAL COMMUNICATIONS.

Certain Anæsthetics, by W. H. Hings-
ton, M.D., L.R.C.S.E., D.C.L., Sur-
geon to Hotel Dieu, Montreal, 225
—A case of Nervous Inflammatory
Puerperal Fever caused by a vivid
dream, by Dr. Cassels, Three Rivers
P.Q., 228—Correspondence.....229

PROGRESS OF MEDICAL SCIENCE

Benzoate of Soda in Gonorrhœal Oph-
thalmia, 230—Sprains and Wounds
230—Hydrobromic Ether, 231—
Benzoate of Soda in Ulcerations,
231—Pop-Corn in the Nausea of
Pregnancy, 231—The value of the
dependent position of the Head in
operations on the Mouth and Throat
231—Digitalis Hypodermically in
Flagging Heart, 231—Cure for
Vomiting of Pregnancy, 232—On
the Therapeutics of Acute Rheuma-
tism, 232—The Significance of
Jaundice, its Dangers; Importance
of prompt Treatment, 235—The

Treatment of Hysteria, 237—The
Therapeutical Action of Cold, 237
—Rectal Medication, 239—Action
of Remedies on the Liver, 240—
The Latest from Truth, 240—The
Treatment of Hemoptysis, 241—
Treatment of Cardiac Dyspnea,
241—Marital Relations in Uterine
Disease, 241—Nitrate of Uranium
in the Treatment of Diabetes, 241—
Remedy for Corns, 241—Aspiration
for Abscess of the Liver, 242—A
Revolution in Therapeutics, 242—
The value of Warm Water in Sur-
gery, 242—Treatment of Dysentery
in Children, 243—Lunar Caustic
in the Treatment of Ophthalmia,
243—An important Decision—Dr.
Mallory vs. The Ontario Medical
Council, 243—Speedy Cure of
Nasal Polypi, 243—Whooping Cough
244—Henning on the Appearance
of the Tongue in Disease, 244—
Soup, 244—The first Insensibility
from Ether, 245—Bleaching Spon-

ges, 245—A remarkable case of
Malpractice, 245—Cold and Hot
Water in Post-Partum Hemorrhage
246—Formula for Guaiacum, 246—
Vinegar as a Post-Partum Hemo-
static, 246—Treatment of Rheuma-
tism by Iodide of Potassium and
Opium, 246—Innocuousness of cer-
tain Heart Lesions—Acute Ari-
cular Rheumatism—Salicylic Acid
and Alkalies, 247—The Tampon in
Abortion, 249—For Sore Nipples,
249—Treatment of Naso-Pharyn-
geal Catarrh, 250—Inflammation of
the Bladder, 250—When to Rupture
the Membranes, 250—Ergot and
Sodium Bromide in Epilepsy, 251—
Salicylate of Soda in Chorea, 251
—Pyrogallie Acid in Hemoptysis,
251—Treatment of the Funis, 251
—Eczema Intertrigo of Infants...251

EDITORIAL.

New Dispensary in Montreal, 251—
Obituary, 251—A Royal Physician
252—Personal 252

Original Communications.

CERTAIN ANÆSTHETICS.

By W. H. HINGS-
TON, M.D., L.R.C.S.E., D.C.L., Surgeon
to Hotel Dieu, Montreal.

Read before the Medico Chirurgical Society, Montreal.

There would seem to be much similarity of
action on the economy in the ethyls, methyls,
and formyls, and in their adaptability to anæ-
sthetic purposes.

Chloroform for many years held its sway,
undisputed save by ether; and in the claims of
each the Atlantic Ocean seemed to divide the too
camps.—British practitioners holding, in great
measure, to the discovery of Simpson; and
American practitioners to the anæsthetic of the
Boston school. (I name not *his* name, for the
modern Athens has not yet decided to whom
to award priority in the introduction of ether.)
In Canada, chloroform has been more generally
used. I may say, until within the past few years,
it has been used almost exclusively in hospi-
tals and dispensaries. As I have not had any
serious accident in the administration of either
anæsthetic, I have come to regard *both* with
confidence, and without misgivings.

Still, deaths are now and then recorded from
ether, and more frequently still from chloro-
form; and in the hands, too, of the most com-
petent. But I am satisfied these untoward
results would be less frequent were the
administrator of either anæsthetic to give his
undivided attention to his work, and not occupy

himself, as too often happens in surgical cases,
with the doings of the operator.

Still, as already observed, deaths are recorded,
and will doubtless continue to be recorded in
the future. To reduce that number to the mini-
mum is the desire of us all.

A couple of years ago, at the recommendation
of Spencer Wells, I made use of the bichloride of
methylene ($C H_2 Cl_2$), using that prepared by
J. Robbins & Co., Oxford street, London. It has
the color, nearly the taste, and very nearly the
smell of chloroform. I could see no difference in
its action, and seeing no difference in its action
but much difference in the price, discontinued
it. Spencer Wells claims that vomiting is less
frequent with the bichloride of methylene than
with chloroform, but as I have not observed
vomiting from the latter to be frequent when
properly administered I could see no difference
in that respect. In the hospital, and out of it,
I have used chloroform and ether indifferently;
in long and tedious operations, generally in-
ducing complete anæsthesia with chloroform,
and continuing that condition with ether.

Not long ago attention was drawn in the
columns of the medical press, and chiefly by Dr.
R. J. Levis in the *Philadelphia Medical Times*,
to hydrobromic ether. I procured a quantity
of Wyeth's of Philadelphia, and the results I
shall briefly state to you.

It was administered, as I have been accus-
tomed to administer chloroform, on a thick
towel folded into a cone. The air was excluded
as I have been accustomed, except in old per-

sons, to exclude the air when giving chloroform or ether. But while never measuring the quantity of chloroform, nor watching the pulse, some attention was paid to these matters with the new anæsthetic, measuring the quantity and often noting the pulse.

I was first struck with the rapidity of action of the Bromide as compared with that of ether or chloroform, in inducing complete anæsthesia; and more still with the suddenness of the return to consciousness. So sudden indeed was this return that it appeared to some of those present on certain occasions that the patient had not slept at all.

In only one case was there difficulty in inducing anæsthesia. Upon a stout muscular young man an attempt was too suddenly made, and without any warning by my assistant, to bring him under the influence of the bromide. Considerable cerebral excitement was manifested, and the violent muscular resistance offered, rendered the proper application of the towel extremely difficult. This was the only exception to what was observed in all the other cases, and could have been easily avoided by making an equally rapid influence, but with a more thorough assent on the part of the patient,—the greater ease with which this anæsthetic is inhaled facilitating its use. With the exception noted there was scarcely any emotion, and no struggling, save in the case of an infant, who could form no appreciation of the ordeal to which it was being subjected. As is the case with other anæsthetics, there was increased rapidity of the heart's action, and greater general arterial tension, as Dr. Levis terms it. With the increased frequency of the heart's action, there is, as might be supposed, increased frequency in respiratory movements, but less than with ether or chloroform; and less heaving than with the nitrous oxide gas.

In not one case have I noticed vomiting, and this alone would seem to give it a great advantage over chloroform, which, though occurring more frequently with the latter than it should, due in great measure to faulty administration, yet sometimes occurring notwithstanding every effort to prevent it.

The following notes of the exhibition of the new anæsthetic are not so complete as could be desired. They may be premised by stating that I was never accustomed to measure the quantity of chloroform or of ether administered to a

patient; nor during the employment of either anæsthetic to pay any attention whatever to the pulse. Rarely if ever do I feel the pulse at the wrist or elsewhere, being firmly of opinion that when death does take place, the heart is always the last to register the untoward event.

In the trial of the bromide of ethyl I, for the most part, disregarded the pulse, but when noted it was recorded either by my colleague, Dr. Brunelle, or the *interne* Mr. St. Jacques or my student, Mr. Bastian, or myself but not by them or by myself, and for the reason given, with anything approaching that exactness which obtained in Paris when the anæsthetic was undergoing trial there. The first trial were at the Hotel Dieu, then in the city, and also at Belcail.

1st. Mrs. P. M., æt. 26. Reduction of femoral hernia. 3 iiss. Bromide of Ethyl, ($C_2 H_5 Br.$) Complete anæsthesia in two minutes, which lasted seven minutes. Five seconds after I announced reduction, i.e. after removal of the anæsthetic, patient was perfectly conscious. Pulse was not noted in this case, but breathing was scarcely increased in frequency. No ster-tor; no vomiting; and return to perfect and sudden consciousness was as quickly as after laughing gas. One of the Sisters of the Hospital and Mr. Bastian were present.

2nd. Scirrhus Breast.—Mrs. —æ. 38 Pulse before operation was 74, and at no time during operation above 80. Respiration was scarcely influenced; and anæsthesia was complete in 55 seconds; and was kept up for 18 minutes, with 3 vss. of $C^2 H^5 Br.$ Hospital staff present.

3rd. Double Club Foot.—Patient, æt. 6 weeks, Complete anæsthesia in 30 seconds. Continued during division of plantar-fascia and posterior tibials of both sides. Removal of anæsthetic was followed in less than four seconds by complete consciousness, and full and entire wakefulness. Dr. Perrault, of St. Hyacinthe, besides Hospital staff, present.

4th. Hon. Mr. O., æt., 55, for examination of elbow joint. 3 ij. was administered; considerable excitement and struggling, from anæsthetic having been too early removed. An additional two drachm induced desired condition, and almost immediately after its removal entire consciousness returned. Dr. Brunelle present.

5th. Amputation above wrist joint.—Patient L. M., of Belcail, æt. 72. Dr. Perrault, who

Kindly administered anæsthetic, was not informed of its nature, and found its action satisfactory. No record was made of quantity in this case. Complete consciousness on removal of napkin.

6th. Talipes, double, same as case 3, above alluded to. It was now for division of both tendon achillis. The anæsthetic was given up same as in former instance, but the little patient was allowed to sleep after the operation, as is advisable after chloroform or other anæsthetic. The above two operations were performed at Belœil. Dr. Perrault present.

7th. Examination for stone in the bladder.—I handed the anæsthetic in this instance to Dr. Finnie, who administered it without having been made aware of its nature. I believe Dr. F., was quite satisfied with it.

8th. Operation for hæmorrhoids.—A woman aged 30. The quantity used was small, not more than 3 iss. Anæsthesia was quickly produced, and the piles removed, but not till complete relaxation of the sphincters of the bladder and rectum had occurred. Notwithstanding the complete anæsthesia which this accident denoted, intelligence was almost instantaneous on removal of napkin.

9th. Anæsthesia for the removal of a portion of the lower jaw bone in a middle aged person.—The operation was a tedious one, and the anæsthetic was continued during its performance, the nose and a part of the mouth being covered with the napkin while the operation was being performed. Intoxication continued in this case long after the operation was over and the bromide withdrawn; the patient being somewhat demonstrative in her friendship. Several of hospital staff present.

It would serve no good purpose to mention other cases where no features of special interest were observable.

Bromide of ethyl has now, for a time at least, taken the place of other anæsthetics at the Hotel Dieu; and as no features of special interest have been observed, none are here recorded. In private practice I have had occasion to use it many times since I commenced its use at the hospital, and from my experience, so far, I am disposed to give it the preference over chloroform, on account of its milder and pleasanter action. Over ether it has one great advantage: pure bromide ethyl is non-inflammable. By the surgeon who adds, to his usual armamentaria,

lamps and atomizers, that disease germs may be brought to understand: "So far shalt thou go, and no further" this quality of the new anæsthetic will be duly appreciated.

As the introduction of bromide ethyl is recent, and is already being extensively used in the adjoining States, manufacturers are vying with each other in placing the article before the profession. It is evident they have not all been equally successful, and several varieties are said to have been exhibited; one containing so much ether that it ignited; another so disagreeably pungent and irritating as to be not easily inhaled. So far as I have learned, but one kind has reached Montreal, that of Wyeth, of Philadelphia. I had, first from Mr. Gray, and afterwards from the manufacturers, an article which seemingly possesses the peculiar yet not disagreeable odor, and the quality of non-inflammability which should characterize the proper article.

It will suffice to say that I have used chloroform or ether in hospital or private practice but once or twice since I commenced using the bromide of ethyl, and the conclusions at which I have arrived after a short, yet I believe a sufficient trial are:

1st. That bromide of ethyl, or, as it is indifferently called, hydro-bromic ether, is an anæsthetic of great value.

2nd. That being less pungent than ether, and less irritating than chloroform, it can be administered with greater facility than either.

3rd. That it is far more rapid in its action than ether, and even more rapid than chloroform.

4th. That the pulse and breathing are less influenced than with ether or chloroform.

5th. That there is less resistance and struggling on the part of the patient.

6th. That, judging by limited experience, vomiting is less frequent than after chloroform or ether.

7th. That in no case was there disposition to fainting.

8th. That it is eliminated from the body much more rapidly than any anæsthetic except laughing gas.

If the above propositions are fairly stated it follows as an obvious corollary: that bromide of ethyl is one of the, and in some respects, the most valuable anæsthetic hitherto used.

I confine my observations, advisedly, to the use

of bromide of ethyl in surgery. What aid the accoucheur may obtain from it remains, in great measure, to be seen. Dr. Turnbull claims that, when used in tablespoonful doses when the pains are most intense and distressing, it gave as prompt relief as ether, and yet it did not interfere in the least with the expulsive efforts. The quantity given appears large, and would indicate that it had been administered as chloroform usually is in obstetric cases, largely diluted with air; whereas, in all my surgical cases, I have endeavored save in old persons to have the air excluded as much as possible.

A CASE OF NERVOUS INFLAMMATORY PUERPERAL FEVER CAUSED BY A VIVID DREAM.

By DR. CASSELS, Three Rivers, P. Q.

Every practitioner who has had any considerable midwifery experience knows how susceptible even the healthiest women are to any untoward influence while convalescing from childbirth; and how, even in those cases where, under the best sanitary conditions, every possible precaution has been taken, a patient will, from an apparently trivial, or perhaps without any obvious cause, suddenly fall into an alarming condition.

In my own experience I have often been puzzled to account for puerperal patients developing dangerous symptoms, and have long been of opinion that mental emotions, particularly dreams, are more important factors in the causation of childbed fever than the generality of the profession give them credit for, although all the standard authorities are unanimous in laying considerable stress on mental emotion as a predisposing cause.

The following is a well-marked case, and I venture to hope will be found of interest as bearing upon what I have above stated.

On April 11, I delivered Mrs. P.— of her second child, a fine boy of about 10 pounds weight. She is a large, healthy, well-made woman, and not in the least nervous or timid. During gestation she was unusually well, and, to use her own words, “ would not have known she was enceinte except by the cessation of her menses, and the gradual increase of size.”

~ Slight cutting pains came on at about 8 o'clock

p.m., to which she paid scarcely any attention, remarking “ that she did not see why women made such a fuss about childbirth.”

At 12.30. a.m., the os being well dilated, the first bearing down pain ruptured the membranes, and the second brought the child into the world. The placenta followed immediately, and in less than half an hour after the first forcing pain the patient was ready to be left for the night.

Very little blood was lost, and no ergot was given. I literally did nothing but make one examination, when I first arrived, to determine the position, tie the cord when the child was born, and apply her binder.

I have described the labor thus extensively, as I desire to show how much reason I had to anticipate a speedy recovery, more especially as the patient is of the upper class, with every comfort surrounding her.

Up to the following Thursday night she continued exceptionally well, pulse never exceeded 80, no headache or chill, lochia natural and profuse, milk plentiful from first day, bowels moved freely with castor oil the third day, tongue clean, appetite fair but restricted to semi-solids and fluids, slept well.

During this time she never sat up in, or was out of her bed, nor did she see any visitors, in fact she took every precaution in her power, and was a model patient.

On Friday morning I was sent for at 6 a.m., and told that at about 11 o'clock the previous night the household had been aroused by a piercing scream, and that, on rushing to the patient's room they found her trembling with fear, and bathed in perspiration. All night she continued to grow worse, tossing about, and talking wildly.

I found her in the following condition: Skin hot and dry, temperature in axilla 102.5, expression anxious and distressed, cheeks crimson, eyes wild and frightened looking, lochia and milk totally suppressed, considerable tympanites, tongue brown and dry. When spoken to would answer rationally, but if left alone muttered unintelligibly; complained of great pain in the head, and all over abdomen, most acute over right ovary; had not urinated since the previous evening.

On asking her the cause of her fright, she said that she had dreamt that there was an earthquake, that she fancied the house was

tumbling down, and that that the nurse was pulling her down stairs by the legs.

In trying to arrive at a reason for her thus dreaming I found that there was no physical cause, but that it was altogether mental.

A month or two before, a shock of an earthquake was felt at Quebec, and had been mentioned in the daily papers. She read this at the time, but it had passed from her memory until I spoke to her. How the idea came to the surface, as it were, during sleep is a psychological question, but given the idea, the details of the dream are easily explained.

I need not enter into a detailed account of the treatment, as that is not the point I wish to bring to the notice of the profession, suffice it to say that it was some days before, under active treatment, the fever abated and the functions completely re-established, and over a fortnight before she was well enough to get on the sofa.

I consider that, practically, the dream was as dangerous to this patient as if the events had really happened.

Correspondence.

OUR LONDON LETTER.

LONDON, ENGLAND, June, 1880.

The following amusing episode occurred not long since and not a hundred miles away. A learned physician, very clever and well up in his profession, and, knowing that he is, has a very nonchalant way with him of letting everybody see that he knows that he is, passing through the wards, surrounded by his class, always a large one and this time rather more numerous than usual, he stopped at the bedside of a newly admitted patient and inquired, "What case is this?" His clinical replied, "That case of phthisis you told me to admit, sir." "Ah! true," said he; then turning to the class: "Gentlemen, this poor man is suffering from pulmonary tuberculosis and is a musician. I have no doubt you will remember my frequently trying to impress upon you in the theatre my conviction that the extra strain and exertion caused to the respiratory organs by blowing musical instruments, more especially when commenced in early life, and the consequent fatigue and subsequent reaction, are frequent and fruitful sources

of phthisis, and here we have an apt illustration of my theory. Now, my friend," addressing the patient, "what instrument have you been in the habit of performing with?" "The *cymbals and the big drum* almost from infancy," replied the man. The collapse of the Professor and the merriment of the class were of "those things that we read about but very seldom see."

A friend of mine coming home early one dark winter's morning from an accouchement at which he had been using the long forceps, was assailed by two roughs; he knocked them both down with the forceps, took to his heels and arrived home safely,—quite a new mode of delivery with the forceps!

The following is amusing and interesting in a medico-legal aspect, but I cannot, of course, vouch for the truth of the paragraph. Lord Cairns, when travelling from Oxford to London, was unfortunate enough to get into a compartment which had to be slipped at the Hanwell station. Finding himself thus left behind, and that he would have to wait, his lordship thought that he would kill time by making an inspection of the famous lunatic asylum. He accordingly presented himself at the gate, rang the bell, and was speedily accosted by a porter attired in the well-known uniform of the asylum, who asked him what he wanted. "Oh," said the Chancellor, "I merely want, as a matter of curiosity and interest, to look through the establishment!" "Where is your order?" demanded the porter. To this his lordship replied that he had not obtained one, but added, "I shall not want one, and you will merely have to take my card as your authority for admitting me." "My orders," said the porter, "are not to admit any one without a properly signed order; and I must not leave my post to carry in any cards." "But, my man," responded Lord Cairns, "I am the Lord Chancellor of England;" upon which the porter burst into a loud laugh, and, with a comic leer in his eye, said, pointing with his thumb backwards, "We have three or four Lord Chancellors here, and Archbishops of Canberbury too." However, subsequent explanation secured his lordship admittance and smoothed his ruffled plumes.

The vacant seat in the House of Commons for the University of London, caused by the elevation of Mr. Lowe to the peerage, is not it seems after all to be contested by Sir William

Gull, who, I am informed, in common with the Master of the Rolls, has bowed to the decision of the majority of the liberal graduates, and retired in favor of Sir John Lubbock. Whilst admitting the brilliant talents and the brilliant services rendered by his rivals, it is very much to be lamented in the interest of the medical profession that Sir William Gull should not have been elected. The presence of such an eminent member of the profession in the House would have been of incalculable benefit, as his opinion would have carried great weight when some of these burning questions so momentous and of such paramount interest to the well-being of the public were brought forward. So far as my recollection serves me, we have now no representative to watch and look after our interests (if there be one I trust he will pardon me). Dr. Lush's retirement, his health having given way, was much to be regretted, as he supported many useful motions. After an interval of rest and relaxation, I hope he may be induced to come forward again, for although many professed to feel a doubt, I think he would have been again returned for Salisbury, and we certainly require a few more such men as he in the "House" to watch our interests, for alas! most men think "three faces wears the Doctor: an angel's when first sought; a god's, the cure half wrought; but when, the cure complete, he seeks his fee, the devil looks less terrible than he!" One of Sir John Lubbock's measures is in my opinion of very questionable benefit,—I mean the bank holidays, which have now universally become general holidays, at least in my neighborhood; they are productive of more harm than good, and many deserving individuals have to go without their hardly earned money that these holidays may be taken,—holidays which generally end in drunkenness and illness for the present, and pinching and hardship in the future.

I have great hope of being able to report favorably of the chian turpentine in my cancer case, and have found marked benefit from it in two or three obstinate cases of gonorrhœa in the chronic (gleet) stage. The subject of Hospital reform, by establishing "provident dispensaries" in connection with them, is now agitating the public mind. There is not the slightest doubt that Hospitals are very much abused: hundreds, nay thousands of people who can well afford to pay for private attendance flock to and

obtain advice and medicine gratis from them; but on the other hand there are many thousands who could and would pay moderate charges, but cannot pay a (too often) heavy doctor's bill. I am not at all sure that a good private dispensary, conducted by properly qualified medical men and on a conscientious principle, where, when in ill-health, by paying moderate fees weekly in advance, they can receive proper medicines and attendance, do not meet the public wants and requirements better and with more satisfaction to the doctor. The Medical Associations that have sprung up so numerous within the last few years amongst Friendly Societies are to my certain knowledge very much abused. Men in good position enter themselves, their wives and families in them purely for the sake of the medical benefits attaching to them, and don't they expect a lot of it too! and I quite expect that the hospital dispensaries will be open to the same abuse.

Progress of Medical Science.

BENZOATE OF SODA IN GONORRHOËAL OPHTHALMIA.

The *Lyon Med.*, March 7th, tells us that Dr. Dor, who for the last two years has used the benzoate of soda with great success in the purulent ophthalmia of infants, has recently had the opportunity of treating a well marked case of gonorrhœal ophthalmia, recovery taking place in a few days, without any opacity being left. He kept iced compresses constantly to the eye. The benzoate of soda was employed in a 20 per cent. solution, and tannin in a 10 per cent. solution, ten drops being instilled every three minutes. All secretion which issued from the eye was removed by means of a wash consisting of 100 per cent. solution of the benzoate.

SPRAINS AND WOUNDS.

Dr. Brinton says that, to treat sprains, the injured limb should be placed in hot water, and boiling water be slowly added until the highest endurable temperature be reached. The limb is to be retained in the water a quarter of an hour, when the pain will have gradually disappeared.

Tannic acid, in powdered form, applied to wounds constituting compound fractures, will convert them, when the wounds are not extensive or torn, into simple fractures, by rapidly forming a cicatrix, and thus save from one-third to one-half the usual time of healing.—*Med. and Surg. Rep.*

HYDROBROMIC ETHER.

Hydrobromic Ether, the new anæsthetic, has been made the subject of careful study by Dr. R. J. Levis, and the results of his observations have been published in the *Philadelphia Medical Times*, January 17, 1880. The agent is a colorless liquid, of peculiar odor, intermediate between chloroform and ether in density and volatility, and its vapor is neither inflammable nor irritating to the air passages. Anæsthesia is usually induced in two or three minutes, and recovery of consciousness is of equal rapidity. The mode of administration is by inhalation from a covered napkin, and the quantity required varies with the necessities of the case between one drachm and eleven drachms. The preliminary muscular excitement is moderate and transitory, and is attended with slight acceleration of pulse and slight increase in vascular tension. Respiration is not affected beyond the characteristics of ordinary ether narcosis. Nausea and vomiting do not occur often. The pupils dilate when complete anæsthesia is induced, and resume their normal dimensions upon the return of consciousness. They may be taken as the guide. Ordinary caution should be observed in using the agent, although Dr. Levis has never discovered any tendency to the production of syncope.—*Chicago Medical Gazette*.

BENZOATE OF SODA IN ULCERATIONS.

In serofulous and syphilitic ulcerations Schuller and Berkart have derived decided benefit from the internal use of benzoate of soda (*Medical Press and Circular*, December, 1879.) The latter recommends it in the following formula:

R. Sodii benzoatis,	5 ss
Tr. cardam. comp.,	5 ss
Aq. menth. pip.,	ad 5j. M.

For one dose, to be taken twice daily.

The latter thinks it is valuable in many forms of constitutional syphilis.

POP-CORN IN THE NAUSEA OF PREGNANCY.

Dr. F. A. Burrall, of this city, writes: "One of the best remedies for the nausea which attends the parturient state is the quickly roasted grain of the *Zea mays*, or Indian corn. It is too familiarly known as 'pop-corn' to require any description. Many physicians are not aware of the beneficial results which may be derived from the use of this simple agent. It should be white and light, and may be eaten freely, sprinkled with salt. I think it is no exaggeration to say that it will be found of the greatest service in many cases where the products of the chemist's art have proved unavailing."—*Medical Record*.

THE VALUE OF THE DEPENDENT POSITION OF THE HEAD IN OPERATIONS ON THE MOUTH AND THROAT.

Professor Thomas Annandale, of Edinburgh, in the *Lancet* of Nov. 8th, 1879, states that eighteen months ago, when removing the greater part of the lower jaw, including its symphysis, he tried the plan of allowing the patient's head to fall over the edge of the table. Although the tongue immediately fell back toward the posterior wall of the pharynx after the attachments of the tongue to the jaw had been freely divided, the man's breathing was perfectly easy—much more so than when the head was raised or lay level with the trunk. Before the patient left the theatre, he demonstrated this fact several times to the students present, and thoroughly convinced them and himself of its correctness.

The experience of this case led him to place the head in the same position in his next operation on the throat (thyrotomy); and since then he has performed many operations in this way on the mouth and throat with complete success, and with great facility as regards the prevention of blood passing into the air passages, the obtaining a good view of the parts, and the carrying out of the necessary manipulations.

Among the operations in which he has used this method, have been a second case of thyrotomy, two cases of tumor of the palate, one case of large epulis, and three cases of cleft palate. In all these operations he has been impressed with the advantages of this position of the head. Complete anæsthesia, by means of chloroform, or a mixture of chloroform and ether, has been kept up without any inconvenience during the whole proceedings.

His present method of keeping the head in this position is to have it hanging over the end of the table and supported there by the hands of an assistant; but he is having a little addition made to his operating table, which will allow the head to be supported in this position more efficiently.

DIGITALIS HYPODERMICALLY IN FLAGGING HEART.

In a recent clinical lecture Professor Da Costa called attention to the use of digitalis hypodermically for the purpose of sustaining a flagging heart. Two drops of the fluid extract are equivalent in strength to fifteen minims of the tincture. This amount (gtt. ii.) well diluted with water, is what he generally uses, and he has always found that it answers all the purposes of hypodermic medication excellently. This dose can, of course, be repeated as often as necessary.

CURE FOR VOMITING OF PREGNANCY.

Dilatation of the cervical canal for the vomiting of pregnancy is now regarded not only an efficient means of treatment, but reasonably safe. The dilatation should not, however, be carried to the interior of the uterine cavity, but should rather be confined to the lower portion of the constricted part of the cervical canal, and even here need not be extensive. It may be accomplished with the index finger, which should be gently carried through the external os with the rotating movement, until one-half of the first phalanx has been introduced. This may be easily accomplished with the multipara, but with the primipara it will generally be necessary to enlarge the os by previous dilatation, until room enough has been gained to admit the finger. The statistics of this method of treatment are not sufficiently large to warrant us in saying that it is wholly unattended with danger of abortion, but from records of several cases, since 1875, it may be said that it is a safe and sure remedy. It was discovered by Copman in 1875, when he dilated for the purpose of producing an abortion for the relief of vomiting, and instead of causing the abortion he cured the vomiting.—*Chicago Medical Gazette*.

ON THE THERAPEUTICS OF ACUTE RHEUMATISM.

A clinical lecture delivered at the Jefferson College Hospital. By ROBERTS BARTHOLOW, M.D., professor of Therapeutics and Materia Medica in Jefferson Medical College, Philadelphia.

GENTLEMEN: In no disease is the influence of fashion in therapeutics more conspicuous than in the treatment of acute rheumatism. Now it is a therapeutical nihilism, as the "mint-water method" at Guy's Hospital; again it is the application of blisters to the affected joints; now it is the alkaline treatment; again it is salicylic acid. Whatever it may be, the remedy has almost universal sway for a time, until supplanted by some other fashion. I need hardly say that we should not abandon an old and well-tried remedy for a new one, simply because it is new: but the new one should be distinctly better. It may be useful then, in view of the cases which have been before us, to examine into this subject of the therapeutics of acute rheumatism, and come to some conclusions, if we can, in regard to the relative merits of the various remedies which have occupied professional attention for several years past.

First of all, gentlemen, I cannot too strongly insist on this fundamental fact, that no single remedy can be rightly applied to every case of acute rheumatism. In this disease, notwith-

standing it pursues a pretty uniform plan, there are wide differences in origin, in the type of individual cases, and in the constitutional state and bodily condition of patients—all of which must have due recognition if we would employ our therapeutical expedients wisely. Let me illustrate: Rheumatism seems sometimes to be of distinctly nervous origin. We now know that certain changes in the spinal cord, and injuries of nerves, are followed by joint inflammations similar to those of acute rheumatism. Again, the circulation of some organic acid in the blood has seemed to excite rheumatic inflammation; at least we know that the sweat and the urine are very acid, that endocarditis has been excited by injecting lactic acid into the peritoneal cavity of animals, and that rheumatic attacks have been induced by the administration of lactic acid for diabetes.

Furthermore, the most superficial inspection of the cases which have been shown must have satisfied you that there are three classes of subjects who are attacked by rheumatism: the cachectic, feeble, and nervous; the obese, florid but flabby, drinkers of malt liquors; the vigorous and able-bodied, who have inherited or acquired a rheumatismal diathesis.

These forms and types are so distinct that he who fails to take heed of them cannot properly adapt his means to the end in view, and must pursue merely routine methods.

We are greatly aided now in our attempts to arrive at just conclusions respecting the therapeutical value of our remedies for rheumatism by the exact knowledge we possess of the natural history of this disease. Thanks to the "mint-water treatment" of Guy's Hospital, we know that rheumatism has a tendency to get well about the fourteenth day, and again but more decidedly about the twenty-first day, but that it usually continues on to the sixth week and does not really cease earlier, as I think Dr. Fuller conclusively shows. The traditional "six weeks and blankets," under the spoliative treatment formerly employed, seems to be about the natural limit of rheumatism, and hence, if under our remedies the duration of the disease is distinctly less, they have exerted a curative influence. It is very apparent, therefore, that we have several remedies which possess curative value in this disease, for under their use the duration of it is materially abbreviated.

Taking up for consideration, first, the type of feeble, anæmic, nervous subject—what method shall we pursue? If I were governed merely by the fashion of the time I would direct salicylic acid or salicin—an undeniably efficient remedy in many cases. But in this class of subjects it does not succeed well; they are much depressed by it, and have a tedious convalescence with a strong tendency to relapses. In these cases I decidedly prefer the tincture of the

chloride of iron, in half-drachm doses, well diluted with water. We owe chiefly to Dr. Russell Reynolds the important fact that the tincture of iron is an efficient remedy in acute rheumatism. It cuts short the duration of the disease, and what is even more important, lessens the danger of cardiac complications. Dr. Anstie pointed out another fact—that the tincture of iron has the power of prophylaxis—of preventing attacks that are impending. Whether it acts by virtue of its acid or its iron is not known, but it is probably the former. Dr. Ridge has shown that the mineral acids are decidedly curative in acute rheumatism. Alkalies are curative in rheumatism! mineral acids are curative in rheumatism! What strange contradiction is this? After all, gentlemen, this opposition of agents is more apparent than real. It is not difficult to conceive that whilst alkalies neutralize the acid of rheumatism, the mineral acids may prevent its formation. We may, therefore, assume that the virtues of the chloride of iron are due to its acid; but we should not obtain the same good results from chlorhydric acid, for iron aids in the restoration of the blood, and is useful for this reason.

I direct, as I have already indicated, and as you have witnessed, thirty minims of the tincture well diluted with water, every four hours. The affected joints are wrapped in cotton if the patient desire it, but otherwise are simply kept at rest, and if the pain is severe, some small blisters are applied around the joint, but not on it. I have treated many cases with the iron alone, and with iron aided by moderate doses of alkalies and blisters. The best results have been obtained in these weak and anemic subjects by the iron and blisters, and an occasional laxative of Rochelle salt. The treatment by blisters alone is a highly efficient plan, and is by no means so painful and disagreeable as it appears at first sight. The blisters remarkably relieve the pain, and patients soon learn this and ask for their repetition. But the blisters do more—they bring about a more alkaline condition of the blood, and render the urine less acid or bring it to neutral, or even to alkaline. I do not, as the French physician (Dr. Dechilly) who proposed the method, apply large blisters over the whole of the affected joints, but as Dr. Davies, of the London Hospital, who introduced the method into England, apply smaller blisters to encompass the joints. To be more explicit: I have small blisters, the size of a silver dollar, placed around the joint, leaving an interval between for succeeding applications.

In these weak subjects a few blisters are applied, and the joint is supported at rest, but the tincture of iron is the chief remedy. Managed in this way, the duration of the cases rarely exceeds two weeks; heart complications are infrequent, and the patient's strength is

conserved so that convalescence is rapid and relapses uncommon.

The cases of the second class require different management. They are the fat and flabby subjects, often excessive consumers of malt liquors, who suffer habitually with acid indigestion and the usual concomitants of this state. Such subjects present a delusive appearance of good health, but they have a weak circulation, are easily put out of breath, tire on the least exertion, and often suffer from lumbago, myalgia, and other so-called rheumatic troubles. When attacked with acute rheumatism, they are very apt to have endo- or exo-cardial complications. These cases are most successfully treated by the alkaline plan. In, I believe, almost the last paper written by the late Dr. Fuller, which was in opposition to Drs. Gull and Sutton's "mint-water treatment," he insisted strongly on certain points in regard to the use of alkalies, inattention to which had been the cause of failure in the treatment. He says we must give not less than an ounce and a half of the alkaline carbonates, either alone or in combination with a vegetable acid, during the first twenty-four hours of the treatment. This may be prescribed as a drink—a lemonade—by adding lemon juice or citric acid to the solution of the carbonate—two drachms of the carbonates, an ounce of lemon juice, or half a drachm of citric acid, dissolved in four ounces of water, and taken every three or four hours. If the bowels are constipated, he gives compound cathartic pills at bedtime. As soon as the urine, when passed, ceases to exhibit an acid reaction, he reduces the alkali one-half. This reduction of the daily quantity of alkali goes on each day, until the fourth or fifth day, when, if the urine continues to be alkaline, he prescribes bark preparations or quinia, at the same time continuing the alkalies in moderate quantity. If treated on this plan, the class of cases under consideration get well within two weeks, and are often up in a week. Instead of giving the quinia in the small doses of three grains advised by Dr. Fuller, the results are much better if twice that quantity is given every four hours. In these cases, instead of quinia I usually give, after the alkali course, the tincture of iron; and if the attack is a severe one, apply blisters about the principal joints.

The third group of cases consists of vigorous subjects having, in a considerable proportion of them, an inherited tendency. According to my experience, cases of this type are adapted to the action of salicylic acid, and are often relieved with remarkable promptitude by means of it. Salicin is probably nearly as effective, but it must needs be given in such quantity as to be difficult to manage. Scruple doses of salicylic acid seem to be sufficient for most cases of rheumatism, provided they are often enough

repeated. The patient should receive not less than two drachms every twenty-four hours, and considerably more may be required. I have found that salicylic acid is more effective if given in solution or contemporaneously with an excess of alkali, than if administered in powder by itself. If kept for a few hours in solution with sodium bicarbonate in excess, the solution becomes brownish or greenish-brown, and emits an odour of wintergreen. Take it all in all, the most satisfactory procedure is to give wafers containing the salicylic acid, and alternate with an effervescing draught of an alkaline carbonate—the official effervescing powder answers the purpose. The amount of relief given by this remedy in many cases, is amazing, and in a few hours, a cure being effected not unfrequently in three or four days. When good is being accomplished by it, the evidence is quickly afforded in relief to pain and decline of temperature. If, therefore, after several days—three or four—persistent and efficient administration of salicylic acid, the signs of improvement are wanting, it is probable that nothing will be accomplished by its continued use. If the stomach will not bear it, or if the considerable doses necessary depress the action of the heart, or cause great irregularity in the pulsations, it must be discontinued.

Notwithstanding the importance of these remedies, or methods of treatment, there are accessories scarcely inferior in the influence which they exert over the progress of the case. The diet must be carefully regulated. Solid food of any kind seems to be hurtful, and there is usually great repugnance to it. Milk, and beef, mutton, or chicken broth, are the chief components of the diet. Large draughts of milk are useful by maintaining free action of the kidneys. Coffee and tea may be allowed, but wine, beer, and spirits are highly injurious.

Shall any attention be given to the joints? Experience does not justify the local treatment of the rheumatic inflammation. The curvative effects of blisters are not due to the notion at one time entertained, of the withdrawal of a morbid material from the affected parts, or to the counter-irritant action, but to their systemic effects in increasing the alkalinity of the blood, and lessening the acidity of the urine, and their power to relieve pain. Wrapping the joints in cotton is comforting to the patient, but it is questionable practice, as the heat is retained, and the temperature of the joints kept above that of the neighboring parts. The application of alkaline lotions, at one time much used, owing to the theoretical notions then entertained, is now rarely employed. Painting with iodine tincture, does not influence the course of the case in any way. To maintain immobility of the affected joints, is a measure of the highest utility. Motion increases the pain and swelling, which react in turn on the systemic

state, and conversely, an absolutely quiescent state of the joints, diminishes pain, and lessens fever. To secure the necessary quietude has been attempted by mechanical means—by starch or plaster bandages; but there are many joints so situated that this method, if desirable, would be impracticable. In fact, the desired immobility can be secured only by moral and medicinal means. The necessity for quiet—for absolute quiet—should be impressed on the patient, but moral suasion must be aided by means to quiet pain and restlessness. It is the sedative influence of the bromides on the centres of conscious impressions, and on the reflex and motor centres, which gives them importance as remedies in acute rheumatism, and by some of our best authorities they are assigned the highest place.

Relief to pain and restlessness is best afforded by the agents which exert a curative influence, but if pain persists relief must be given in some other way—by anodynes. If the bromides are active enough to allay pain, to bring sleep, and to quiet the restlessness, they are to be preferred; but it will generally be found, I think, that they do not possess sufficient anodyne power. Morphia or Dover's powder are usually resorted to, but the relief which they afford is at the expense of a protracted convalescence. By checking elimination, opium retards improvement. There is an agent which happens to have a decided effect in relieving pain, whilst at the same time it promotes elimination; that is, atropia, which, for this purpose, was first used and recommended by Dr. Harley. It should be administered hypodermically and in the neighborhood of the affected joints. The dose for each injection need rarely exceed the $\frac{1}{8}$ grain a day.

I have probably occupied sufficient time in giving this summary of the treatment of rheumatism, yet I ought to say something of important complications. It is by no means an unusual circumstance to have endo- or exocardial inflammations occur—in, probably, one third of all the cases. To combat it, there are three remedies of chief value—morphia, ammonia, and digitalis. As soon as the fact of the cardiac complication having arisen is known, the carbonate of ammonia in solution of the acetate (5 grains to a tablespoonful), should be freely given, with the object of securing prompt solution of the fibrinous exudation or deposited fibrin. To check the inflammatory process, and lessen the work of the heart, morphia and digitalis are prescribed. The morphia is most efficient when administered hypodermically, and the digitalis when in the form of infusion. As there is no therapeutical incompatibility, these agents may be given contemporaneously. When the acute symptoms subside, to relieve the immediate and prevent the ulterior bad effects of the inflammation, the

tincture of iron and quinia should be given freely, and the heart should be kept steady by digitalis. The extent to which restoration of these injured parts, delicate in structure as they are, can be carried by rightly seconding the efforts of nature, is very surprising. Shall counter-irritants be used? Although we are told that a blister applied to the bony walls of the chest cannot affect the condition of organs within, yet experience is in favor of the practice, and the patient's subjective sensation of relief is more valuable testimony than the deductions of theory. Neither need we be concerned about the blistering point, but put on one not over the præcordia, to interfere with auscultation, but on the side of the chest, in the subaxillary space.

There is a complication of rheumatism — fortunately very rare — in which, without any apparent cause, the temperature suddenly leaps up to 106°, 108°, even 109° Fahr. This state of *hyperpyrexia*, as it is called, is accompanied by delirium and by cardiac and respiratory disturbances. That the grave symptoms of hyperpyrexia are due to the high temperature is now admitted on all sides, but no adequate explanation has thus far been given of the causes producing it. We only know that in some cases hyperpyrexia comes on, and paralysis of brain and heart quickly ensues if the excess of heat cannot be removed. Until the value of the cold bath had been made known there existed no means of diminishing the extraordinary heat, and these cases were always fatal. Now, however, the cold bath affords us the means of rescuing some cases from impending death. The method of the application is the same as for fevers, but, if the bath is not available, the wet pack is a resource which can always be utilized.

THE SIGNIFICANCE OF JAUNDICE, ITS DANGERS; IMPORTANCE OF PROMPT TREATMENT, MANAGEMENT OF CHRONIC HEPATIC DERANGEMENT.

Clinic of Professor ROBERTS BARTHOLOW, M.D., Jefferson Medical College Hospital.

GENTLEMEN: I think the most casual inspection of this young man will show you that he is laboring under hepatic derangement. He has had several attacks of jaundice at various times, the results of which are still seen in his sallow complexion; although there is no marked jaundice this morning, his face shows the evidence of chronic biliary derangement. A passing attack of intense jaundice may depend upon very casual agencies, and, as a rule, indicates only a functional disturbance of the liver; but where the discoloration of the skin remains permanently it indicates always a change in the

structure of that organ. I wish to emphasize this fact, which was originally pointed out by Graves, and since then has received much attention. The point is, that, in some forms of biliary derangement, there may not be marked jaundice of the general surface, but only a fawn color of the skin; whereas most intense jaundice may be due to causes that are temporary, and fugitive in their character. The light fawn color, then, would indicate that the biliary trouble is structural and permanent, and not transitory. This will aid in making our prognosis. This discoloration of the skin is caused by the circulation of the biliary coloring matters in the blood, due to re-absorption of bile from the biliary passages. Besides staining the skin, they make their appearance in excess in the urine, where they may be recognized by the ordinary Gmelin test. (Urine tested by nitric acid, showing a play of colors.)

The problem before us for solution in this patient is: What may be the disorder of the hepatic organs producing or accompanying these changes in the complexion, the urine and the blood. The integument of this man's body, generally, has not the appearance of health, but is a dirty fawn color. Observe that it is not the dark-greenish and olive hue of jaundice, properly speaking. We have said that this indicates a degenerative change of the liver. How shall we account for it here? He has not been a hard drinker, but he has been a steady drinker for years, from day to day and from year to year, although he is still a young man. The constant stimulation by alcohol has finally produced a condition of things of grave import.

Let us for a moment consider the state of the intestinal canal, and the functions of digestion and assimilation. His appetite is poor, he complains of indigestion and flatulence. He is restless at night. What is very significant, gentlemen, is that his stools are of the color of pine wood. What is the color and appearance of a perfectly normal stool? This is a question that I often ask students, and is a point too often neglected by medical men. A normal stool will not have this pine-wood color, but is of a dark, brown appearance, from the presence of bile. The clay-colored, or white stools, of hepatic disease, indicate that certain constituents of the bile are absent, which should normally pass into the dejections.

He says that some time ago the discharges were of a lead color, at which time we may assume that no bile whatever was present. What, then, becomes of the bile pigment? We found it in the urine, being secreted or separated by the kidneys from the blood, where it had accumulated. This indicates that the liver is so far at fault that it is not capable of performing its functions. What is the significance of this fact? and what is the danger?

Suppose a catarrhal condition of the common

ducts or the biliary passages of the liver, produces an obstruction to the discharge of the bile into the duodenum, or a gall-stone, or other agency impedes its passage; the blood then reabsorbs the accumulated bile, and the condition of obstructive jaundice appears. Now, recent researches in pathology have shown that there cannot be for any length of time an obstruction to the outlet of the bile into the intestinal canal, without there being set up important changes in the structure, which ultimately lead to loss of power by the liver to functionate. Modern researches have shown that the structure of the organ rapidly degenerates, the proper secreting cells undergo fatty change, then atrophy and disappear, and at the same time the connective tissue increases in quantity, both relatively and absolutely. This danger is imminent in all cases of liver disturbance, characterized by jaundice. It will, therefore, not do to be indifferent to any of the forms of jaundice, if they continue for any length of time. You will not be doing justice to your patient, if you pass it by as of little moment; the skilled practitioner will treat the case in time, and prevent this areolar hypertrophy and cell degeneration, which will, if neglected, go to such an extent that the organ will be prevented from performing its functions ever afterwards.

What has been the pathological condition here? The habits of life of this man and the chronic indigestion have led to duodenal catarrh. This was followed by swelling of the mucous lining of the bile-ducts, which is continuous with that of the intestinal surface. First, we have simple catarrhal condition of the bile, passages, and jaundice (catarrhal jaundice); secondly, we have the mucous inflammation and swelling preventing the exit of the bile, and, hence, interference with the function of the liver. What is the effect? In the light of late investigations by Chareot and Legg, we know that this cannot continue for any length of time without the occurrence of organic change. His steady drinking, moreover, has favored contraction of the liver, which is demonstrated by physical examination; percussion shows that the liver is decidedly contracted, the area of dullness is reduced materially, and does not extend below the ribs.

Shall we conclude that our remedies will be unable to bring about a change? Can we do nothing for this cirrhotic liver? You remember that I told you the other day that nature has been bountiful in her gifts; that every individual is provided with more liver, more lung, more brain, than is necessary for his ordinary existence. This is well exemplified in the reproductive function. One testicle is sufficient for impregnation, as much so as two, or, indeed, a dozen for that matter.

This fact is equally true of the secreting structure of the liver; a considerable part of it may

be destroyed without fatally interfering with its functions. In this patient, if there be a sufficient quantity of healthy liver substance remaining to carry on the function of the organ, the interference of the morbid process being removed and its progress arrested, we may succeed in restoring the man to comparative health.

We will, therefore, treat this patient. The problem is to restore the production of bile, and secure the discharge into the intestinal canal. How shall we proceed? What will arrest this over-production of connective tissue, which is contracting upon the liver cells and causing their destruction? We have therapeutic agents that will do this. We may use the phosphates and phosphites, particularly the former, with a good prospect of success. The lacto-phosphate of lime and dilute phosphoric acid make a good combination. Indeed, the best, in view of its ready assimilation, is the phosphate of lime; but, on account of its insoluble character, the question is how to introduce it into the system. When freshly prepared, it is soluble in lactic acid. In this form it is readily absorbed, and promotes digestion and assimilation. Phosphorus, you know, exerts an elective action upon the connective tissue of the liver; for in phosphorus poisoning we find the hepatic connective tissue in the state of fatty degeneration and destructive change. The metals, also, are generally thrown out by this channel, and in poisoning by the metallic salts, such as copper or antimony, the substance may be detected in this organ. In medico-legal cases we always secure the liver, in order to examine it for poison. Arsenic particularly acts upon the hepatic structures, and after arsenical poisoning it may be detected in all the viscera, but is principally found in the liver. With this in view he shall have two drops of Fowler's solution three times a day, given after meals.

R. Syrup. calcii lacto-phosphatis..... 3j

Liq. potassii arsenitis ℥j

S. Ter in die.

We employ the arsenic in order to act upon the nutrition of the liver, and for its specific effect upon the connective tissue.

A most important part of the treatment in hepatic disorders is careful regulation of the diet. Here is the problem. Given a damaged liver, what shall be the alimentation in order to secure digestion and assimilation? Evidently his diet should mainly consist of such articles of food as do not require bile for their assimilation. Now, shall we direct him to eat fatty, saccharine, or starchy articles? If we understand anything whatever about the action of the different secretions upon the function of digestion in the upper portion of the small intestine, we know that the bile emulsifies fats and favors their absorption, it also prevents fermentation in the starchy and saccharine elements. We must,

therefore, give this patient substances that are converted into peptones in the stomach, and are thus readily absorbed. He shall have milk, fresh meat, eggs, and the succulent vegetables, such as contain but little sugar or starch (spinach, cabbage, cauliflower, etc.).

We will direct our patient to keep up the treatment systematically. It would be folly for him to expect that in a few days or weeks we will be able to entirely restore him; especially if he disobey our instructions in regard to alcoholic drinks, which must be absolutely discontinued. Unless he faithfully carries out his treatment he will go on from bad to worse until the organ will be irretrievably damaged. —*The College and Clinical Record.*

THE TREATMENT OF HYSTERICS.

Hysteria is a disease to which every woman is liable, and which every physician will be, some time or other, called upon to treat. Most of you will find it very hard, in most instances, to distinguish between hysteria and organic disease, for it in many instances mimics exactly grave structural diseases. There is no difficulty in forming a diagnosis when you meet a real hysterical attack, attended with screaming and groaning and kicking.

When you are called to treat a young girl with a hysterical attack, there are three things which you had better do: (1) Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. (2) Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac, with one grain of tartar emetic. (3) And this method of controlling the spasm will often act charmingly—take a good-sized lump of ice, and press it right down upon the nape of the neck. This produces quiet by its powerful impression on the whole nervous system.

When the attack is entirely under control, the best method of preventing the occurrence of another attack is to administer a full dose of assafoetida—none of your small two or three grain doses, but ten grains, all at once.

There is everything in a doctor's manner in the sick room; and he who looks and speaks hopefully, saying: "take this, and you will get well," and "do that, and you will feel better the next moment," is much more likely to cure his patient than the man who magisterially goes through the motions, without a ray of light or hope in his face, "ordering this pill to be taken in half an hour," and "so many teaspoonfuls of that prescription to be given at such and such times."—*Dr. Wm. Goodell, in Clinical News.*

THE THERAPEUTICAL ACTION OF COLD.

A Lecture by W. H. THOMSON, M.D., Professor of Therapeutics and Materia Medica in the Medical Department of the University of the City of New York.

GENTLEMEN: Remedial agents are of two kinds: First, drugs; and second, other therapeutic measures, such as temperature, electricity, etc. For the sake of convenience, we will here consider those remedial agents which are not drugs, and first, among them, we will study one of the physical forces or imponderables—cold.

Physically, cold is the absence of heat. Therapeutically, it is a positive agent, and has five actions:

1. Tonic.
2. Styptic.
3. Antiphlogistic.
4. Anæsthetic.
5. Antipyretic.

In the first three, cold acts only upon the vasomotor system as a pure irritant neurotic. In the last two it acts simply on physical principles.

COLD AS A TONIC.

We have said that cold, when it acts as a tonic, is an irritant. Every irritant produces a shock and causes an expenditure of the energy of the part irritated. The energy of the part irritated, therefore, becomes depressed; but this depression differs from that produced by a simple sedative, in that it is followed—provided the shock is not so great as to cause exhaustion—by a reaction to or beyond the condition in which the part was prior to the irritation. Thus, cold, as an irritant, affects the vaso-motor system and produces a shock which is followed by a reaction. In other words, this system is exercised, and all moderate exercise tends to strengthen the organ called into action, and permanently to improve its nutrition. Cold, then, is a vascular tonic, and may be used generally or locally. When the circulation is feeble, and there is loss of muscular power, the general use of cold will arouse the heart, restore arterial tone, and thereby improve the nutrition of the whole body. For this purpose either the dip-, shower-, or sponge-bath may be used, according to the strength of the patient, taking care never to cause exhaustion by its too frequent or too protracted use. A thorough reaction, as indicated by a glow of the skin, should always follow the bath, and never a sensation of lassitude or fatigue. When the irritant effect produced by the cold water alone is not sufficient, salt or some mild rubefacient may be added. If the patient is too feeble to bear even the sponge-bath, simple exposure of the surface of the body to cold air will often prove beneficial. In all cases reaction may be assisted by friction with a rough towel.

A cold douche to the nape of the neck is indicated in the following conditions :

1. When, after sunstroke, the arteries of the head remain dilated, and there is headache and dizziness on exertion or exposure to the sun.

2. In all cases in which headache is confined to one side, and is attended by dilatation of one temporal artery and suffusion of one eye.

3. In false croup, or the crowing respiration of children.

4. In tinnitus aurium, when the throbbing is synchronous with the beating of the heart, and the tympanic arteries are distended, the cold douche to the nape of the neck, aided by the internal use of hydrobromic acid, may afford relief.

Sponging the chest of a phthisical patient with cold water lessens the susceptibility to cold.

Local applications of cold water are useful in promoting absorption of inflammatory effusions and exudations in the subacute and chronic stages ; also in restoring the balance of the circulation in the liver and spleen when enlarged in malarial poisoning.

The hip- or sitz-bath is useful in hemorrhoids, prolapse of the rectum, and congestion of the pelvic viscera.

COLD AS A STYPTIC.

As a styptic, cold acts by constricting the arteries through its influence on the vaso-motor nerves. It is preferable to astringent drugs or other hæmostatics, because it obviates the necessity of applying irritant substances to the bleeding part. Nor need the cold always be applied directly to the seat of the hemorrhage ; for it will also affect distant parts in accordance with the laws of the vaso-motor system, the most important of which are the following :

First.—An impression on the afferent nerves of a given part will cause a variation in the calibre of the arteries of that part.

Second.—An impression on the afferent nerves of a given part will cause a variation in the arteries of all organs situated directly beneath that part.

Third.—In the case of organs which are in pairs and perfectly symmetrical, as the eyes, ears, hands, and feet (the lungs, kidneys, and testicles are not), variations in the calibre of the arteries of one will cause a similar variation in the other.

Fourth.—Variations in the calibre of the arteries of certain parts are accompanied by corresponding changes in the arteries of certain other parts, and these particular associations are to be determined by experiment : for example, the relation between the circulation of the feet and that of the pelvic viscera and the pharynx, and the relation of the circulation at the nape of the neck to that of the head and face.

The following instances will suffice to illustrate the application of these laws in the use of cold :

1. Cold water applied directly to a bleeding surface.

2. Ice-bags to the epigastrium to check hæmatemesis.

3. Holding any cold body in one hand to arrest hemorrhage in the other.

4. Cold foot-baths to arrest metrorrhagia.

In post-partum hemorrhage the best means of applying cold is by ether spray, for the sudden and intense impression produced causes effectual contraction of the uterus, without chilling the patient. If ether spray is not available, cold water should be poured upon the abdomen from a height of two or three feet, the shock of the falling water materially assisting the action of the cold. Either of the above measures may be used for hæmoptysis.

COLD AS AN ANTIPHLOGISTIC.

As an antiphlogistic, cold may be used to arrest an acute inflammation, unless suppuration has occurred, or to prevent inflammation when threatened. This it does by causing a protracted constriction of the arteries, thereby preventing the active congestion essential to all acute inflammation. It should be invariably applied as dry cold, directly to the part affected, in sufficient intensity to relieve pain, and continued so long as the exciting cause exists. If, before the tendency to inflammation has entirely disappeared, a neuralgic pain occurs, it is a sign that the vaso-motor nerves have become exhausted, and the use of cold must at once be discontinued, or gangrene will result ; moreover, the patient will feel more comfortable without than with the cold applications. This neuralgic pain is continuous, and, if the injured part be one of the extremities, it extends from the part injured toward the trunk. Inflammatory pain, on the other hand, is local throbbing, accompanied by local heat, and is relieved by more thorough applications of cold. In fractures, or other severe injuries near joints, the injured parts should be surrounded with pounded ice placed in pigs' bladders or rubber bags, two or three layers of perfectly dry muslin being placed between the skin and bags, lest the parts be chilled too suddenly. A bottle filled with ice-water makes a good antiphlogistic splint for injuries of the hand. Inflammation of the eyes may be controlled, and its spread from one eye to the other prevented, by means of cold applications. Ice-bags should be applied to the head and spine in epidemic cerebro-spinal meningitis. Cold applications will control the spread of erysipelas, and are the best means for relieving febrile headache. Headache from uterine trouble is best relieved by moist warmth. Cold should not be used antiphlogistically in

any acute inflammation of internal organs except peritonitis with vomiting, and meningitis.

COLD AS AN ANÆSTHETIC.

The use of cold as an anæsthetic depends upon its physical property of freezing tissue and deadening sensation without injuring vitality. It is most useful in operations where no great thickness of tissue is involved, as in opening abscesses, amputation of fingers, Cæsarean section, and ovariectomy. In all cases the action of the cold should be secured as rapidly as possible. Apply ether spray to the part alone which is to be operated upon. Anæsthesia is complete as soon as the skin becomes white and glistening.

COLD AS AN ANTIPYRETIC.

When the abnormal elevation of the bodily temperature is due to insufficient radiation of heat, as in some nervous disorders, it is not generally in itself dangerous; for it has been known to reach 123° F., and remain there for several weeks. But if, as in fevers, the rise of temperature depends upon excessive chemical changes, then the heat itself is injurious, causing arrest of gland-secretion, as well as extensive destruction of tissue. In every fever there is a certain point beyond which, if the temperature rises, certain structural changes will take place. The glands become affected with cloudy swelling, and fatty degeneration ensues, and the muscles affected in the same manner become remarkably brittle.

The point at which these changes occur differs in each fever. In scarlet fever it is 105° F., in typhoid fever 106° F.; in relapsing fever from 107° to 108° F.; and in erysipelas still higher. Beyond this dangerous point in each fever the temperature should not be allowed to rise, but must be lowered by the use of cold, the result of which is simply the abstraction of heat. This may be effected by immersion in a cold bath or by the cold pack. Place the patient in a bath at 75° F., and gradually cool the water down to 65° or 60° F.—never lower, and at the same time use cold affusions to the head continuously. At first the temperature will rise slightly, owing to the blood being driven from the surface of the body into the viscera, which are always a little warmer than the skin; but the bath should be continued until the temperature is reduced to 100° F., provided the fall is gradual—that is, one degree in six, five, four or three minutes. If it falls one degree in two and a half minutes, stop the bath when the temperature has reached 101° F.; for in most cases a further reduction of one degree will occur after the bath is discontinued. If the fall in temperature during the bath be one degree in two minutes, the patient should be taken out at once, whatever the actual tempera-

ture may be; for in such cases there is danger of the subsequent fall becoming uncontrollable, reaching perhaps 97° F., and the patient passing into collapse. Should this at any time occur, wrap the patient in hot blankets, apply hot saucers to the epigastrium, and give brandy or other stimulants.

When, for any reason, the bath is impracticable, the cold pack may be used, always, however, with the same precautions as in the use of the cold bath. First wrap the patient in a sheet wrung out of water at an ordinary temperature, say 70° F., and then lay on other sheets wrung out of ice-water. The cold bath or pack should be repeated often enough to keep the temperature below the point of danger for that particular disease. If necessary, use one every hour. If, however, two or three a day are sufficient, one should be so timed as to be given just before the highest rise of the fever-heat—that is, usually between two and three o'clock in the afternoon.

The contraindications to the antipyretic use of cold are hemorrhage from the bowels and notable variations of temperature from the regular course. Bronchitis and pneumonia are not necessarily contra-indications. *N. Y. Medical Record.*

RECTAL MEDICATION.

A new method. F. E. Stewart, P.H.G., M.D., in "*New Remedies*" for December, proposes the oleates for rectal medication and the rectal capsule, or cylindro-conical case of gelatin (suppository-shaped) as a vehicle. This vehicle, he says, is entirely unaffected by the heat of any climate, and yet is very soluble in the secretion of the rectum. The facility and rapidity with which the oleates are absorbed, has been abundantly verified, since they were first brought prominently into notice, by Prof. Marshall, in 1872. Some of the advantages of the capsule enumerated, are,—that it is ready for use immediately; that it liberates its contents in the rectum in three minutes after introduction; that it does away with the necessity of rectal injections, which by their amount, provoke the natural irritability of the rectum, often causing their expulsion, and also with the necessity of suppositories, the fat of which coats the bowel, and greatly retards absorption, as Dr. Ellerslie Wallace has proven. The medicine employed may be equally diffused in the oleic acid, if irritating; if it be mild and in the form of powder, soluble or with an active principle soluble in the rectum, it may be placed dry in the rectal capsule, for immediate insertion. The author states that this method has been thoroughly tested in private and hospital practice in New York and Philadelphia.

THE ACTION OF REMEDIES ON THE LIVER.

From the Chemist and Druggist.

Dr. William Rutherford, of the University of Edinburgh, assisted by M. Vignal and Dr. William J. Dodds, has for some time past been examining by scientific methods the effects produced on the liver and the biliary secretion of the dog by a long series of drugs. The investigation has been assisted by a grant from the British Medical Association, and a lengthy and interesting report has been published in recent numbers of the *British Medical Journal*. The following short account is founded on the summary of results. The authors state carefully that "all the conclusions are based on experiments performed on the dog, and have no reference to any observations made on the human subject." But in the few cases in which the results thus obtained have been relied on in suggesting experiments on men, the results seem to be trustworthy, and much light is thrown on the comparative action of remedies. It is impossible to avoid much disagreeable repetition in reports of this kind, but attempts have been made by classification to reduce this as much as possible.

Calomel stimulates the intestinal glands, but not the liver. Mercuric chloride is a powerful hepatic stimulant, and has only a feeble action on the intestinal secretion. When administered together the liver and intestinal glands are both excited.

Castor oil does not stimulate the liver, and croton oil does so but slightly. Both excite the intestinal glands.

Jalap is a powerful hepatic and intestinal stimulant, scammony very feebly excites the liver, gamboge stimulates the intestinal glands only.

Colocynth and ipecacuanha both largely increase the secretion of bile. Ipecacuanha slightly augments the secretion of intestinal mucus, while colocynth powerfully excites the intestinal glands.

Taraxacum and senna are both feeble hepatic stimulants. Rhubarb increases the secretion of bile—certainly though not largely; aloes is a powerful stimulant of the liver.

Podophyllin is "a very powerful stimulant of the liver," the bile secreted under its action retaining its normal percentage of solids.* If the

* This result is singularly discordant with the observations of Dr. R. H. Goolden, which attracted considerable attention in the medical journals of the past year. For more than 35 years he had employed it with great success in cases of liver disease, especially those coming from the tropics. He was led to use it by a note in Pereira's "Materia Medica," then first published, to the effect that the stomach and intestines of rabbits killed by poisonous doses of the salt were found to be filled with pure bile. Dr. Goolden says, from 10 grains to a scruple will produce large bilious evacuations, and "produces no more irritation to the intestines or anal glands than is caused by a flow of bile."—Ed. C. & E.

dose be too large, the secretion of bile is not increased. It is also a powerful intestinal irritant. Eunonymin, sanguinarin, and iridin are all powerful hepatic stimulants, and they also increase the intestinal secretion, but not so violently as podophyllin. Leptandrin, baptisin, phytolaccin, hydrastin, and juglandin have similar but milder effects. Menispermis slightly stimulates the intestinal glands, but not the liver.

Magnesium sulphate and manganese sulphate* stimulate the intestines, but not the liver; sodium sulphate has a considerable effect on the liver, and a lesser one on the intestinal glands; potassium sulphate is a hepatic and intestinal stimulant of considerable power, though its effect on the liver is uncertain, owing probably to its sparing solubility.

Sodium phosphate is a powerful hepatic and moderately powerful intestinal stimulant; ammonium phosphate is a moderately powerful stimulant of the liver, but does not excite the intestinal glands; Rochelle salt is a feeble hepatic, but a powerful intestinal stimulant.

Dilute nitro-hydrochloric acid is a hepatic stimulant of considerable power; sodium chloride is a feeble stimulant of the liver; ammonium chloride excites the intestinal glands but not the liver. Potassium iodide has no notable effect on the biliary secretion.

Calabar bean, in moderate doses, stimulates the liver; atropine sulphate antagonises its effect, but when given alone does not actually affect the secretion of bile. Morphia does not appreciably affect the hepatic secretion, and does not interfere with the stimulation produced by such a substance as sodium salicylate. Hyoseyamus resembles morphia in these respects. Pure diluted alcohol does not affect the biliary secretion, and jaborandi is a very feeble hepatic stimulant.

Lead acetate, in large doses, diminishes the secretion of bile, probably by direct action on the liver. Tannic acid does not affect the biliary composition.

THE LATEST FROM TRUTH.

Dr. R.—was one who could seldom resist telling a good story, even when it turned the laugh against himself. On one occasion a manservant, whom he had recently engaged, astonished him by appearing to wait at breakfast with a swollen face and a pair of unmistakeable black eyes. "Why, John," said he, "you seem to have been fighting?" "Yes, sir, I have," was the reply. "And who may your opponent have been?" "Why, sir, Dr. M——'s man," naming a rival Æsculapius. "And what did you fall out about, pray?" "Why, sir, he said as you was'n't fit to clean his Master's shoes." "And what did you say?" "Well, sir, I said as you was."

THE TREATMENT OF HÆMOPTYSIS.

Willis E. Ford, M.D., of Utica, N.Y., in a paper on hemorrhages from the lungs, read before the Oneida County Medical Society, Oct. 14, 1879, and published in the *Buffalo Medical and Surgical Journal*, Jan., 1880, says—

Where there is great relaxation of the walls of the blood vessels, with continuous oozing of blood, the so-called hemostatics do but little good. Dry cups to the chest are of immense service. Five or ten may be added at once, and repeated once or twice, if necessary. Next in importance is opium, given in such doses as to contract the pupils, to allay pain and nervousness, and to reduce respirations to from fourteen to seventeen per minute, and this should be continued for several hours after all hemorrhage has ceased. Ergot is useful in connection with opium, for it undoubtedly assists in stimulating the vaso-motor nerves to give contractility to the arteries. Absolute rest must be enjoined in every case. Where there is any ulcerative process going on within the lung, and it is reasonable to suppose that the walls of a blood vessel have given way, then ice to the chest, together with ergot and opium, will do best.

In all cases of profuse hemorrhage the patient should lie upon the sound side, pretty well over upon the face, and should avoid, as much as possible, the act of coughing, so that blood will neither settle backward into the air cells, nor be drawn in by forced inspiration.

Of course the after-treatment in those cases in which the pleura is involved is of vastly more importance than the immediate relief of symptoms; rest to the lung, so far as possible, should be secured. Counter-irritation by means of iodine or dry cups should be applied every other day, together with the administration of tonics, and in some cases stimulants.

TREATMENT OF CARDIAC DYSPNEÆA.

Professor Sée (*Concours Med.*; from *Lond. Med. Record*, 1879) has found the iodide of potassium work well in all cases of continuous cardiac dyspneæa, particularly when this is connected with some structural lesion. It is equally useful in valvular lesions. No evil results can occur from its use, even if a mistake is made, and the affection is asthmatic. The iodine liquifies the bronchial secretion. The dose is twenty grains a day, gradually increased to two or two and a half scruples. A good formula is—

R Potas. iod., 3 vss;
Syr. aurantii cort., f 3 iv.—M.

Sig.—Two to four teaspoonfuls a day in a tumbler of water.

Patients suffering from heart disease are more

tolerant of iodide of potassium than other patients. The contra-indications to its use are—1, tendency to hemorrhage; 2, loss of flesh; 3, loss of strength; 4, loss of appetite. Opium may be added to prevent iodism. Another useful combination is digitalis with iodine, as one has a soothing influence on the dyspneæa by acting on the lungs, and the other increases the action of the heart and modifies the arterial tension. The following formula will be found to answer well:

R Potas. iod., 3 ss;
Tinct. digitalis. f 3 ss;
Syr. acaciæ, f 3 iv.—M.

Sig.—Dessertspoonful four times a day.

When digitalis is unsuitable, chloral may be substituted.

MARITAL RELATIONS IN UTERINE DISEASE.

A factor in the etiology of uterine disease not always considered is the relation which the size and direction of the male organ assume in coition. An obstinate case of ulcerated os has been related to us by a medical friend, which resisted all treatment until the husband was directed to wear a large rubber ring during the marital relations, thus preventing intromission beyond a certain extent. The subject was lately brought before the Berlin Gynecological Society by Dr. Löhlein. He narrated a case of injury to the urethra, causing intense pain and dread of coition, produced by an erroneous direction of the penile organ. Unusual size or length of the organ is no doubt a frequent source of irritation, and until met by appropriate measures, such cases are next to incurable.—*Phil. Medical and Surgical Reporter*.

NITRATE OF URANIUM IN THE TREATMENT OF DIABETES.

J. Y. Dale, M.D., of Lemont, Pa., writes to the *Boston Medical and Surgical Journal* that he has found nitrate of uranium, given in from one to two-grain doses, three times daily, to be an efficacious remedy in diabetes.

REMEDY FOR CORNS.

Mr. Gezow, an apothecary of Russia, recommends the following in the *Pharmaceutisch Zeitung* (says the *British Med. Journal*) as a "sure" remedy for corns, stating that it proves effective within a short time and without causing any pain: Salicylic acid, 30 parts; extract of cannabis indica, 5 parts; collodion, 240 parts. To be applied by means of a camel-hair pencil.

ASPIRATION FOR ABSCESS OF THE LIVER.

At the last meeting of the Medical Society of Virginia, Dr. J. Marion Sims read a paper on abscess of the liver (*Virginia Medical Monthly* for January, 1880). In it he gives an account of the operation by Dr. W. A. Hammond, of New York, on Dr. E. S. Gaillard, the well-known medical journalist, who was relieved of a very uncomfortable series of symptoms by the aspiration of an abscess in the right lobe of the liver, which Dr. Hammond had diagnosed from brain symptoms only. He also relates the subsequent history of another case operated upon by Dr. Hammond. The patient recovered health, went abroad, and having a recurrence of his former symptoms, by advice of Dr. Sims, consulted Dr. Brown-Séquard, who said positively that he had never had abscess of the liver. Subsequently a physician in the south of France wrote to Dr. Hammond for information, and having the history confirmed, repeated the aspiration with the same satisfactory results as before. Dr. Hammond has aspirated the liver for abscess twenty-six times in the last two years, and has drawn off pus in fifteen of these with good results to the patient's health. In the other eleven cases no bad effects followed the operation. He was, it is believed, the first to introduce this operation for the relief of the special hypochondriacal and cerebral symptoms often met with in this country and rebellious to all other treatment, and with the success that has followed it in his hands its employment is a notable advance in therapeutics. His method of diagnosis is to place the patient on the back, put the points of the index and middle fingers of the left hand between the eighth and ninth ribs, a little in advance of the line falling from the middle of the axilla; then by gentle percussion at a point about two inches above the umbilicus, a little to the right of the median line, fluctuation may be detected by the fingers of the left hand. His method of operating on the right lobe of the liver is to pass the aspirator needle, antiseptically with carbolized oil, through the intercostal space between the eighth and ninth ribs, and about an inch forward of a line dropped from the axilla to the pelvis, pulling up the skin beforehand so as to make a valvular opening. It may penetrate the liver one and a half to two and a half inches; if no pus is met with at the latter depth, it may be concluded that no abscess exists. Abscesses, it is claimed, rarely occur elsewhere than in the right lobe.—*Chicago Medical Gazette*.

A REVOLUTION IN THERAPEUTICS.

Attention is called to the original communication in the last number, on the action of mercury. Previous to the appearance of this paper,

the therapeutic action of this drug had been mainly conjectural. The attempt had been made to explain it on the basis of vague hypotheses. It seems now to have been demonstrated that the salts of mercury, whatever be their form of administration, have a tendency, by reason of their unstable composition, toward decomposition and never toward recombination, and that all of the salts are reduced to the form of metallic globules either before or soon after entering the circulation, except when administered in toxic doses. It seems clearly to have been demonstrated that the drug does its work, not in virtue of any catalytic or chemical property, but in virtue, rather, of the mechanical property of these microscopic globules of the metal. It is shown that these globules favor the elimination of morbid material by pushing it through the lesser tubules of the body in which it may have accumulated, and thence into the various excretory channels. In a word, the therapeutic action of mercury is mechanical. This paper will be found to have been based, not upon conjecture or hypotheses, but upon actual demonstration in the chemical and physiological laboratory and under the microscope. The discoveries brought out in this paper may prove important to histology and pathology, and especially to the pathology of syphilis. The conclusions of this paper, unless disproved, must necessarily lift the subject out of its obscurity and place it upon a definite scientific basis.—*Chicago Medical Gazette*.

THE VALUE OF WARM WATER IN SURGERY.

Dr. Goelet illustrates by cases the value of the use of warm water in erysipelas, especially traumatic; lacerated and contused wounds in general, but especially those of the scalp, which are so prone to take on erysipelas, and those of compound fractures, gun-shot wounds, and traumatic gangrene. The warm water may be applied in two ways, 1st, by means of the water bath, in which case the limb is submerged in water kept constantly at the same temperature (generally at about 100° F.), disinfected when so desired, and changed as often as necessary, about twice a day will generally suffice; 2nd, by means of hot fomentations, which consist of a layer of cotton batting, or two thicknesses of sheet lint, saturated with hot water (previously disinfected if so desired), applied closely and evenly to the part, and kept at a constant temperature by a covering of oiled silk. In this case it will be necessary to re-wet the dressing about every two hours, and change it twice a day, or oftener in cases where there is profuse suppuration. In cases of erysipelas the dressing must extend a little beyond the limit of inflammation.—*The American Journal of Medical Science*.

TREATMENT OF DYSENTERY IN CHILDREN.

Dr. Charles Bell, in the *Edinburgh Medical Journal*, September, 1879, after condemning the treatment recommended by Dr. Meigs for this disease, proceeds to say:—

The most useful treatment will be warm baths, poultices, and leeches, and small doses of calomel and James' powder, to be repeated every two hours until the fever subsides, and the bowels are gently moved, and their evacuations become more natural. If they are much tinged with blood, a few drops of the liquor ferri pernitrat, in a little sugar and water, may be given with advantage every three hours, the dose being from one drop upward, according to the age. It is only in the most extreme cases, when there is much pain, that opium should be given, and even then it should be in very small doses. If counter-irritants are to be had recourse to, which is doubtful, the most suitable are mustard poultices, or the spirit of camphor sprinkled on spongiopiline, and closely applied over the stomach. The diet should be light and nourishing as soon as the little patient shows any inclination for food. If stimulants are required, the best is a drop or two of brandy in a teaspoonful of milk, or a little port wine diluted with water.

LUNAR CAUSTIC IN THE TREATMENT OF OPHTHALMIA.

Dr. W. A. Macnaughton writes to the *Medical Times and Gazette*: There are certain inflammatory conditions of the eye which, owing perhaps to constitutional causes, are often very perplexing in their treatment. There is, for example, no complaint of its kind more obstinate than the serofulous ophthalmia of children. In these, and in all cases where the simpler remedies have failed, I would recommend the application of the solid nitrate of silver to the supra-orbital surface as a speedy means of cure. Seeing that the remedy is applied in close proximity to the affected organs, it will be admitted that this is a more rational mode of relieving ocular inflammation than the distant counter-irritation behind the ears recommended in the more obstinate forms of this disease. As a matter of fact, I have observed excellent results in cases where the irritation and intolerance of light had persisted for months. The mode of application is simple. The caustic point is firmly applied over an inch or so of the previously moistened integument above the affected eye, but when both are concerned, I cauterize a narrow strip across the whole supra-orbital region. This causes a slight smarting sensation at the time, which soon passes away. The stain which results can readily be removed afterward

with a strong solution of iodide of potassium. It is advisable, while this treatment is being progressed with, to exclude the light from the eyes by means of a shade.

AN IMPORTANT DECISION.—DR. MALLORY VS. THE ONTARIO MEDICAL COUNCIL.

The *Canada Lancet* for January says: The plaintiff, Dr. Mallory, a Canadian graduate, who subsequently qualified and registered in England, applied to the Council of Ontario for registration. This was refused, and the Dr. issued a process in the Court of Queen's Bench calling upon the Council to show cause why he should not be registered. The case was heard before Chief Justice Hagarty, who recently gave his decision in favor of the plaintiff. The learned judge was pretty severe upon the Council, and warned that body not to attempt to extort a four hundred dollar registration fee from duly registered British graduates who desire to practice in Ontario.

SPEEDY CURE OF NASAL POLYPI.

To the Editor of the (*N. Y.*) *Medical Record*.

DEAR SIR:—The painless method of removing nasal polypi, never before made public by the originator, is an apology for taking a small space of your valuable journal.

Mr. G. M——, æt. 60, ten years ago applied to me for relief from a soft polypus in the left nostril. I proposed evulsion; but not liking the proposition, he left, and I never heard of him until last May, when he returned with another polypus in the same nostril. I advised evulsion once more; he declined it again, and desired me to cure him the same way as did Dr. G. Ceccarini the first time (ten years ago). On inquiry, Dr. C. kindly answered: "The medicine which I use for removing nasal polypi is four or five drops of pure acetic acid injected with an hypodermic syringe within the body of the polypus once only, very seldom twice; the polypus generally drops off within three or five days without discomfort or pain. Disinfecting lotion will correct the offensive odor." With this information, on the 12th of August, in presence of my friend Dr. J. L. Little, I injected the polypus with six drops of chemically pure acetic acid, and instantly we saw the discoloration of it from red to white. Business preventing him from returning, I could not observe the daily progress; but when he called on September 2d, he had only a small portion of it yet adhering to the middle turbinated bone, the other having dropped off the fourth day after the injection; this remaining portion was injected with four drops of the same acid, and

on the third day dropped off, leaving his nose clear, without sore or a vestige of it. Neither of the two operations were followed by any unpleasant symptoms, save a slight smarting from the pricking by the needle when the acid was injected. The offensive odor arising from the decaying mass was corrected by a weak carbolized wash. The long interval from the destruction of the first and the appearance of the second—ten years between—precludes the possibility of this last being a portion of the first, but a new one.

Respectfully yours,
S. CARO.

17 West Ninth St., N. Y.

HOOPING-COUGH.

Dr. J. J. Caldwell's mode of treating this disease (*Brit. Med. Jour.*) is to place a steam atomizer in a position on a table before the patient, charged with the following mixture: \mathcal{R} Extracti belladonnae fluidi, gtt. vi—xij; ammonii bromidi, \mathcal{D} j; potassii bromidi, \mathcal{D} ij; aque destillate, fl. \mathfrak{z} ij. This spray is rapidly carried over into the face, mouth, and lungs of the child, and applied ten to fifteen minutes, until the pupils are dilated by the effects of the belladonna mixture. The applications are made morning, noon, and bedtime. This has, it is said, cut short the spasmodic cough within two or three days uniformly and almost to a certainty.

HENNING ON THE APPEARANCE OF THE TONGUE IN DISEASE.

From London Medical Record.

1. The elongated and pointed tongue invariably indicates irritation and determination of blood to the stomach and intestines. The extremities are often cold. It is also associated with excitation of the nerve centres. This tongue is often found, but more especially among children. The indications are to allay irritation and divert the blood from the stomach and bowels. We should be very careful how we make our prescription in such cases, if we give an irritant cathartic it invariably aggravates the disease.

2. The pinched and shrunken tongue indicates atony of the digestive organs, often found in dyspepsia and kindred diseases. The treatment is plain, the pathological conditions being evident at a glance from the appearance of the tongue.

3. The coating (*saburra*) or fur should be well studied. It may be greater or less in thickness, dry or moist, or clammy, more accumulated at the posterior portion. It is said that when the tongue is heavily coated at the base with a deep yellow coat the liver is at fault. This is not

always the case, and from my observation more often not the case. I have seen cases of jaundice with a white-coated tongue. Tobacco chewers nearly always have a yellow-coated tongue, and their liver may be sound.

4. The dry tongue has a very important significance. When we have patients who are suffering from some form of fever, pneumonia, or any other acute disease, with such a tongue, they are in danger and require close attention. In such cases nutrition and assimilation are suspended and food cannot be taken, and if taken cannot be properly assimilated. When given it should be in fluid form, and always above the temperature of 100° , and of a character nutritive and digestible. The digestive organs can do but little work, yet proper food given at proper intervals does good, but these organs need all the rest they can get until the disease is subdued. Dryness of the tongue is also associated with vascular excitement, and particularly with excitation of the ganglionic and nerve-centres. Hence the arrest of secretion and this dryness. Here we readily read the state of the nervous system. In many cases the sympathetic nerve is not only excited and irritated, but there is involuntary contraction of muscular tissue, thus suspending the secretions of the several organs. The indications are proper sedatives for the vascular excitement and diaphoretics for contractions or excitement of the nerves, associated with other proper treatment. By this course we shall soon see our patient with a moist tongue and some of the secretions re-established.

5. Often the tongue changes in the disease from the dryness above referred to to a brown or black color, with sordes about the teeth. The common idea is that the system is in a typhoid condition. This is true, yet it undoubtedly means also that the blood is in a septic condition—a very important fact for us to know. Then our best antiseptics should be given, with stimulants and tonics. Thus we can readily read, from the appearance of the tongue, the condition of the digestive organs, function of nutrition and assimilation, the condition of the nervous system, and the state of the blood. Of course we must take all other symptoms into consideration. Yet the appearances of the tongue as pointed out seldom fail in giving us at a glance valuable information as to the true condition of the system.

SOUP.

Sir Henry Thompson, in the *Nineteenth Century*: Some regard it as calculated to diminish the digestive power, on the theory that so much fluid taken at first dilutes the gastric juices. But there appears to be no foundation for this belief; a clear soup or the fluid constitution of a *purée* disappears almost immediately after

entering the stomach, being absorbed by the proper vessels, and in no way interferes with the gastric juice, which is stored in its appropriate cells ready for action. The habit of commencing dinner with soup has without doubt its origin in the fact that aliment in this fluid form—in fact ready digested—soon enters the blood and rapidly refreshes the hungry man, who after a considerable fast and much activity sits down with a sense of exhaustion to commence his principal meal. In two or three minutes after taking a plate of good warm *consommé* the feeling of exhaustion disappears and irritability gives way to the gradually rising sense of good-fellowship with the circle. Some persons have the custom of allaying exhaustion with a glass of sherry before food—a gastronomic no less than a physiological blunder, injuring the stomach and depraving the palate. Soup introduces at once into the system a small instalment of ready-digested food and saves the short period of time which must be spent by the stomach in deriving some portion of nutriment from solid aliment, as well as indirectly strengthening the organ of digestion itself for its forthcoming duties.

THE FIRST INSENSIBILITY FROM ETHER.

For the short operations of minor surgery, and the reductions of dislocations, or opening of abscesses, it is extremely useful and of everyday application. Such a patient wishes to be operated upon without pain, or, from being incapacitated from attending to business during the remainder of the day. He lies down upon the sofa, and with one hand places the ether inhaler, on a sponge wet with ether, over his face, mouth and nose, and holds the other arm and hand up in the air.

This arm, after the ether has been breathed for a few minutes, will drop, and from thirty to fifty seconds of unconsciousness will be had, in which to operate. The sponge being removed, the patient is ready to go about his business. It gives rise to no headache, nausea, or other unpleasant symptoms, and is particularly useful in children. The chief source of disappointment is in not recognizing the right moment, for, if this is allowed to pass, unconsciousness will not occur until full etherization. The first insensibility is sure to come. When the arm moves, be ready, and as soon as it drops perform the operation; no pain will be felt.—*Medical Times*.

BLEACHING SPONGES.

This may be done without injuring the texture by first soaking them in a solution of mu-

riatic acid, made by adding a pint of acid to a gallon of water; this dissolves out the limestone, shells, etc. After this, rinse thoroughly, and then immerse the sponges in a solution of permanganate of potassa, containing an ounce of the latter to a gallon of water. Wring out the sponges, and put them into a solution made from one pound of hyposulphite of soda, one gallon of water, and one ounce of muriatic acid. This will immediately bleach them, after which they should be well washed with water to remove all traces of acid, etc.

A REMARKABLE CASE OF MALPRACTICE.

The *New York Hospital Gazette* gives the history of one of the most extraordinary procedures which has come to its knowledge. A patient affected with ankylosis of the cervical vertebræ falls into the hands of a homœopath, who evidently possesses about as much knowledge of his profession as an old woman. The deformity caused by the ankylosis is so great that the patient's head touches his chest. The physician, or, rather, attendant, accepts the patient's diagnosis of "rheumatism," concludes that the trouble is in the muscles, and advises an operation for the removal of the deformity. On the appointed day the patient is etherised, and his body and shoulders bound to the table by bandages. Additional bandages having been applied to the head, traction was made on these with all the strength that two men could exert, until the neck was straightened. During the pulling, sudden cracking noises were heard twice, but this caused no alarm to the surgeons (?) present, who continued their efforts, and finally succeeded in taking a human life by breaking the man's neck. The ankylosed union was fractured, and the patient died on the table.

If (says the *Hospital Gazette*) cases such as this do not incite the people to insist upon a higher standard of attainments for those to whom their lives are entrusted, we do not believe that college conventions, societies, or learned addresses delivered periodically by men connected with diploma mills will have the slightest effect. The case referred to gives evidence of the grossest ignorance and most barefaced assumption on the part of a person duly accredited an M.D. by the State laws. It is thus proven that the law fails to properly provide for the lives of the people by granting a licence to practise to men of this stamp, who, in defiance of all knowledge of anatomy, surgery, and pathology, apply the rude principles of mechanics to correct the deformities of a fellow-creature. We should expect more from a barbarian, about as much from an idiot.

COLD AND HOT WATER IN POST-PARTUM HEMORRHAGE.

Dr. Lombe Atthill says (*Dublin Journal Medical Science*) that in the lying-in hospital of Dublin this method has been adopted as a regular routine treatment.

The method of carrying out the practice is exceedingly simple. An ordinary syphon syringe is the only instrument required, though we now use one with a long vulcanite nozzle specially constructed for vaginal and intra uterine injection. This is carried up to the fundus, and, with the usual precautions against injecting air, and securing a free return, we inject water as hot as can be conveniently borne by the hand—*i. e.*, 112° F.—in a full stream into the cavity, continuing thus until a good contraction is secured, and the water returns quite clear and colorless.

The following are some of the results of our experience in the use of hot water:—

1st. In cases of sudden and violent hemorrhage in a strong and plethoric woman, it is better first to use cold.

2d. Where from the prolonged or injudicious use of cold, the patient is found shivering and depressed, the beneficial effect of injecting hot water is rapid and remarkable.

3d. In nervous, depressed and anæmic women, hot water may at once be injected, without previously using cold.

4th. In cases of abortion, where from uterine inertia the ovum, although separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by most satisfactory results.

5th. Where the injection of the perchloride of iron is considered necessary, previous injection of hot water clears the uterus of clots, etc., permitting the fluid to come directly in contact with the bleeding surface, and lessening the chance of septic absorption.

FORMULA FOR GUAIAECUM.

As a good combination for administering this drug, a correspondent of the *British Medical Journal* recommends—

℞. Tinct. guaiaci (Ph. U.S.A),
 Liq. potassæ, aa ℥ xv
 Glycerinæ, 3j
 Aquam cinnamomi, ad 3j. M.

This is a clear solution, mixing with water in all proportions, and disguising the burning flavor of the drug.

VINEGAR AS A POST PARTUM HEMOSTATIC.

At a meeting of the American Gynecological Society, Dr. Penrose, in a paper on vinegar as

a remedy in the treatment of post partum hemorrhage, presented the following advantages:

1. It could be easily obtained.
2. It could be easily applied, and instantly, without special apparatus.
3. It always cured the hemorrhage, at least it had not failed in his practice.
4. It was sufficiently irritating to excite the most sluggish uterus to contraction, and yet not so irritating as to be subsequently injurious.
5. It was an admirable antiseptic.
6. It acted on the lining membrane of the uterus as an astringent.

The remedy was applied as follows: saturate a rag with vinegar, carry it into the cavity of the uterus and squeeze it.

In the vast majority of cases the hemorrhage ceased as if by magic, when the vinegar passed over the surface of the uterus and vagina. It could be easily repeated if the first application failed.—*Cincinnati Medical News*.

TREATMENT OF RHEUMATISM BY IODIDE OF POTASSIUM AND OPIUM.

I have been in the habit of using, both at home and abroad, iodide of potassium in large doses—five to twenty grains every three hours, with ten grains of Dover's powder at night. I have pursued this practice for at least thirty years—*i. e.*, since the remedy was first introduced, and have treated many hundred cases on this system without disappointment or failure, and generally the treatment only lasts a week or ten days, even in acute articular rheumatism. I have a case now just recovered, of articular rheumatism in the shoulders, elbows, knees, ankles, etc., which under this treatment was convalescent in a week. Mustard plasters, if applied the first day the pain is felt, will stop rheumatism at once, without medicine; where mustard fails, blister may be used. In a late case of very severe rheumatism in the joints, I found cold water was the only thing which gave relief, locally applied.

In rheumatic inflammation there is a deposit of lymph into the joints and tissues, which, if not removed speedily, becomes hard and organized, causing severe pain by its pressure. Iodide of potassium has the power of removing this deposit by absorption, and is, to my mind, the most scientific and appropriate remedy that can be used. It has the great advantage of not exposing the person taking it to cold, which the old calomel and opium treatment did, by opening the pores of the skin. Another advantage of this treatment is that complications seldom follow. In fact, I have seldom seen it occur when this remedy has been freely used in the beginning of the disease.—*Dr. Barton in London Lancet*.

INNOCUOUSNESS OF CERTAIN HEART LESIONS—ACUTE ARTICULAR RHEUMATISM—SALICYLIC ACID AND ALKALIES.

A clinical lecture delivered in Bellevue Hospital, by AUSTIN FLINT, M.D., Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College.

GENTLEMEN:—When this man was admitted to the hospital he had general dropsy, cardiac hypertrophy with murmur, and pallor, but no dyspnoea, cyanosis, nor suffusion of countenance. There was no evidence of renal affection. The general dropsy was of cardiac origin. It has disappeared under the use of half-ounce doses of the infusion of digitalis administered every three hours. And we may now ask ourselves, what is the explanation of this man's good condition, with hypertrophy and valvular disease of the heart? When we read his history, we find the explanation in certain facts, which go to show that there is not enough cardiac disease to produce the dropsy; but that certain accessory circumstances taken in connection with the cardiac lesions, produced it, and, that these accessory circumstances being removed, the cardiac lesions alone remaining, the dropsy has disappeared. I think this case will prove a very useful one in illustrating what I wish to impress—namely, that certain heart lesions are so well tolerated that the patient makes no complaint of symptoms having reference to the heart, provided we can control all accessory circumstances which, added to the cardiac affection, produce certain effects, such as dyspnoea, dropsy, etc. That is the practical point which this case exemplifies. Naturally, an unfavorable prognosis is usually given in such cases as this.

Now, let us obtain the physical signs relating to the heart. The apex beat can be felt in the sixth intercostal space, an inch and a half to the left of the mammary line, and there is a corresponding increase in the area of cardiac dulness. There is a murmur which begins after the second sound, and ends abruptly with the first, and is limited to a circumscribed space around the apex of the heart—a presystolic, or mitral direct, or mitral obstructive murmur. There is no other murmur. In this case, then, a certain degree of mitral obstruction has led to enlargement of the heart, and that hypertrophy and valvular lesion are borne by the patient perfectly well when in good general condition, but not when in the bad general condition to which his history refers; that is, he was anæmic, felt weak, was poorly nourished, and general dropsy, to a considerable extent developed. But the repose of the hospital and the regular nourishment which he has received, and the digitalis—for he had feeble action of the heart, just that

condition which furnished the indication for the use of that drug, without salines, without alcoholics—apparently produced free secretion from the kidneys, which undoubtedly tended to cure the dropsical affection, and whatever of serious trouble proceeded from the cardiac disease.

I will now read the history of the case, and it will at once become apparent what the accessory circumstances were which contributed to the development of the condition which he was in when he entered the hospital.

He is twenty-four years of age, and a moulder by occupation. He says he never had rheumatism. I have had occasion to observe this particular murmur many times in patients who have never had rheumatism. He has been a moderate drinker for several years, but during the three months immediately preceding the development of the general dropsy, being out of employment, he went on "daily sprees," and was exposed to cold and all the vicissitudes incident to such a career. In that fact we find sufficient reason why a young man of this age should become sadly depreciated in vital force; and in it also we find the etiology of the factors of the condition associated with the cardiac disease.

The valuable practical lesson to be learned from this case is this: the danger from enlargement of the heart with mitral obstruction is estimated beyond the importance of those lesions. If this man has sufficient sense to enable him to appreciate the importance of regular habits of life, will abstain from the use of alcoholics, and do such work as he can do with comfort, that affection of the heart may be of service to him. The lesson is, that the cardiac affection is well borne, and may continue to be well borne indefinitely, if the associated circumstances do not produce an impoverished condition of the general system.

ACUTE ARTICULAR RHEUMATISM—THE ALKALINE TREATMENT AND THE TREATMENT BY THE USE OF SALICYLIC ACID—CARDIAC COMPLICATION.

CASE II.—James C—, an Italian laborer, æt. 30, was admitted to the hospital January 2d. His mother died of causes unknown to him. He has five brothers living and healthy. His habits are good, and he has always enjoyed good health until three years ago, when he had an attack of rheumatism attended with great pain in the knees and feet, and the joints of both lower extremities were red, swollen, and hot. It was seven months before he fully recovered from this attack, and to his knowledge no cardiac lesion was developed at that time. On January 7th he began to suffer from pain in the right shoulder, wrist, and thigh.

Symptoms relating to the joints, such as were noticed in the previous attack, again developed. On January 17th began to suffer from an "uneasiness" in the cardiac region, most severe at

about the middle of the sternum. A physical examination revealed a mitral systolic murmur, soft and blowing in quality, and not conveyed into the carotids; and to the left of the nipple a pericardial friction sound was heard. Salicylic acid was given every three hours in twenty-drain doses. Opium was administered in such doses as were necessary to relieve the pain and give the patient rest.

This case is interesting from the fact that there has been only one attack prior to this, and that we have no history of cardiac complication occurring at the time of his previous sickness. It is also interesting from the fact that he is going through his present cardiac complication with but little inconvenience, and with the effusion of so slight a quantity of fluid in the pericardium. In some cases the only evidence of pericarditis we have is the friction sound, but it does not necessarily imply effusion of fluid. The dulness on percussion in the præcordial region is most marked in the fifth intercostal space, to the right of the sternum. Now, to distinguish between pericardial dulness over an effusion of liquid, and enlargement of the heart, is an important point. It is done by physical signs. In enlargement of the heart the enlarged area of dulness is chiefly to the left of the sternum; it extends to the right of the sternum, but little beyond the normal situation of the right border of the heart. At the lowest point of this area, on the left side, the apex beat is felt, or the first sound has its maximum at that point. On the other hand, the enlarged area of dulness from pericardial effusion extends more or less to the right of the sternum; the apex-beat, if felt, is above the lowest point of the area; the heart-sounds are distant, and the first sound is feeble, short, and valvular.

SALICYLIC ACID AS AN ANTI-RHEUMATIC REMEDY.

But to return to our clinical history: there is an important point in practical medicine to which I wish to direct your attention, and it consists in the use of salicylic acid as an anti-rheumatic remedy.

It seems to me that it should not supersede the alkaline treatment which has been employed to diminish the liability to cardiac complication. It has not as yet been proved that salicylic acid has any effect in the way of preventing cardiac complications except by way of shortening the duration of the rheumatic fever. I have had occasion to observe several cases of pericarditis occurring in the course of cases of articular rheumatism under treatment by the use of salicylic acid exclusively.

Because a remedy has been found that apparently causes the disease to abort occasionally, or, if not that, shortens its duration, we are not to relinquish the accepted alkaline treatment, but should carry it to its full extent as we

have been accustomed to do heretofore. The alkaline treatment does not exert a marked effect upon the duration of the disease; but the weight of evidence showing that it diminishes the liability to pericarditis and endocarditis is overwhelming. Fortunately, the two plans of treatment do not conflict with each other.

ACUTE ARTICULAR RHEUMATISM—REPEATED ATTACKS—TREATMENT BY SALICYLIC ACID AND BICARBONATE OF SODA—NO CARDIAC COMPLICATIONS.

CASE III.—This case has certain points of interest clinically, and also illustrates the two plans of treatment referred to for acute articular rheumatism.

John M—, æt. 23 years, single, was admitted to the hospital on the 25th. His habits have been good. He does not remember any severe illness except rheumatism, from which he suffered severely five years ago. The attack began in the feet, and soon extended to all the large joints. He was then confined to his bed most of the time for four months. This was a duration which, at present, we are unable to explain. Recovery, however, finally took place, and he enjoyed a good degree of health up to five weeks ago, when he was again attacked by rheumatism. He entered the hospital, and was discharged at the end of three weeks. He was out of the hospital three days, when he returned suffering from the present attack of rheumatism. When admitted, his temperature was 104° F; his urine was scanty, acid, sp. gr. 1034, but no albumen. The apex of the heart was beating in the sixth intercostal space, a little to the left of the mammary line, and there was a very slight mitral systolic regurgitant murmur. This murmur was recognized when he was admitted to the hospital five weeks ago, and is probably due to the rheumatic attack from which he suffered five years ago. But since his last admission to the hospital, notwithstanding the severity of the attack, it has not increased in intensity, nor is there any evidence of cardiac complication. In the early part of the renewed attack he was placed upon the use of salicylic acid in doses of twenty grains three times a day, and one ounce of the saturated solution of bicarbonate of soda. He so far recovered—now, at the end of six days—as to be able to come up to the amphitheatre. He is receiving a nutritious diet and moderate doses of quinine, and doubtless what cardiac affection exists will prove innocuous if accessory conditions are properly controlled.

CIRRHOSIS OF THE LIVER, WITH HYDROPERITONEUM—ALL MEDICINES STOPPED—DIETETIC CHANGE.

CASE IV.—Owing to the fact that my hour has nearly expired, I will merely present this patient with a special reference to one point in

her clinical history. I will not enter into details, but at once say to you that she has cirrhosis of the liver, with hydroperitoneum. She has suffered from this affection more or less for some time, and the cirrhosis is clearly traceable to the great cause of that affection of the liver—namely, a certain method of using alcohol. Some time ago, three and half quarts of fluid were drawn from the abdominal cavity by aspiration. I am inclined to think that this is the best method of removing fluid from the peritoneal cavity. She then took diuretics for a while. The aspiration was made on the 20th of November. At the present time, December 11th, there is but little liquid in the abdomen, and the point in the clinical history to which I especially direct your attention, is what occurred between the date of the tapping and the present examination.

The diuretic mixture upon which she was placed after the aspiration consisted of infusion of digitalis, sweet spirits of nitre, and bicarbonate of potash. For a time, the daily quantity of urine passed was increased, and then the apparently favorable action of the diuretic ceased. While the patient was taking the diuretic mixture freely, the daily quantity of urine discharged was 5, 12, 13, 12½, 10, 12, 17, 18, 16, ounces. and although an increase from what it was previous to the aspirations, the desired effect was not produced.

On December 1st *all medicinal remedies were stopped*, and the patient was placed upon a full milk diet. The quantity of urine passed during the next twenty-four hours was 19 ounces; and we find recorded 39, 36, 30, 56, 54, 50, 70, and 69 ounces as the quantities passed on the days immediately following. Under the influence of the milk diet, the quantity of urine passed daily was at once increased, and the increase has been sustained up to the present date. Before December 1st the patient took but little milk, and had only a poor appetite. Since that time her general condition and appetite have greatly improved.

In clinical medicine there is nothing more important than to call into exercise our best judgment regarding *discontinuance* of medicinal treatment. I have been made aware of the fact that there is danger of error in the medicinal mind in *two* directions: first, we may be over-confident with regard to the efficacy of medicines. There are those who have such unbounded confidence in the efficacy of drugs that they never see the natural course of a disease. This error should be avoided. The opposite error, also, is to guarded against; namely, an over-distrustfulness regarding the benefits to be derived by the use of medicines. In the treatment of all chronic cases it is an excellent plan to occasionally cease all medicinal measures, and study the effect produced. The with-

holding of all medicines, and the dietetic change, have, in this case, yielded the most satisfactory results. The patient is now taking six pints of milk daily.

THE TAMPON IN ABORTION.

For the last twenty years my reliance has been on a junk of alum in the vagina. If this is not at hand I take the next best thing that is; but a junk of alum is a part of the contents of my medicine-box. It is of the size of a large hen's egg, ovoid in shape, and generally left a little ragged, though without sharp points. Around the middle is cut a groove, about which is tied a bit of strong, but not large, twine, leaving the ends so that they can hang out of the vagina. No preparation is necessary nor any exposure of the person needed. The egg is introduced end-way, turned half around so as to bring the long diameter across the vagina, and pushed downward and then upward against the os. In some cases, especially if the canal is large, I back the egg with sufficient packing to secure its retention in position. If the vagina be small and close, there may be no need at all of the supplementary support.

This treatment is easy, speedy, and effectual against further hemorrhage. It has never failed me, and I leave a patient with the feeling that she is safe for the next twelve or fifteen hours, so far as danger from further bleeding is concerned. And I may add that I have never had any unfavorable effects follow its use in any one of the scores of cases in which it has been employed—no fevers, no septicemia, no deaths, no anything untoward—and I have never had occasion to use it the second time in any one case. It can be removed when desirable, either by traction on the cord or by the introduction of the fingers, the coagulated blood fished out, the vagina syringed, and the case further treated as circumstances may require.

Perhaps this is nothing new; but, as it is something I have not seen mention made of in any of the standard works that have come under my observation, nor in special papers, nor have ever heard of in the lectures of the schools, I venture to submit it to your columns, and through them to professional notice.—*R. W. Griswold, M.D., in the Louisville Med. News.*

FOR SORE NIPPLES.

R Tannin..... 3 j.
Sub-nit. bismuth..... 3 ij.
Vaseline..... 3 j.

M. Sig. To be applied constantly when the child is not nursing.—*Dr. Howell.*

TREATMENT OF NASO-PHARYNGEAL CATARRH.

J. Solis Cohen, M.D., in *Medical News and Library*:

The most important element in the treatment is thorough removal of the accumulated mucus. This should be done daily, and is often alone sufficient for the cure of simple inflammatory cases. The retained secretion and the decomposed gases irritate the diseased membrane still further, thus keeping up and intensifying the morbid condition; moreover, breathing the foul air impairs the general health, and even sometimes leads to slow septic poisoning.

For the removal of the discharge, a solution of salt in tepid water (3j to Oij) is usually employed. In mild cases this may be snuffed into the pharynx through the nasal cavities very effectively; otherwise it may be applied by means of the syringe, spray-apparatus, or Thudicum's nasal douche. In using the douche, the mouth should be open, and the patient cautioned not to swallow, lest the fluid be forced through the eustachian tubes and produce otitis media if the fluid be warm; however, there will be but little danger, even should such an event occur. About one quart of the solution should be used once or twice a day. The fluid may also be injected from behind by means of a curved syringe.

Frequent applications have to be made to the posterior portion of the nasal passages; this may be done by means of a rectangular probe, firmly attached to the end of which is a small piece of sponge saturated with the medicament (as, for instance, equal parts of glycerite of tannin and compound solution of iodine). For this operation the mouth should be well illuminated, and tongue depressed with a spatula. The sponge should be forced into first one posterior nasal outlet and then, after waiting a few minutes, into the other. This application is to be repeated three times a week. Another method of local treatment, in which a medicated solution is retained in contact with the parts for from twenty to thirty minutes, is by flexible bougies made of gelatine impregnated with the remedy (as gr. ij sulphate of zinc and gr. ss carbolic acid). The bougie gradually dissolves in the nasal cavity. To prevent its dropping into the throat, a string is passed through it, which is attached to the patient's ear.

Ulcers are rare in simple inflammatory catarrhs, but frequent and often extensive and deep in tuberculous, scrofulous, and syphilitic subjects.

After cleansing the nasal passages, their interior may be examined before a good light, by drawing the wing of the nostril aside, with a hair-pin bent into the form of a hook, which is as efficient as any nasal speculum.

In constitutional diathesis, appropriate constitutional treatment is necessary, and the removal of foreign bodies is a *sine qua non* of cure.

INFLAMMATION OF THE BLADDER.

The best remedies to administer internally when vesical irritation and inflammation exist are gelseminum, belladonna, sulphate of magnesia, and pinus canadensis. If the pain be great, choose gelseminum; if the irritation will not admit the presence of a teaspoonful of urine in the bladder, give small doses of sulphate of magnesia; if too much urine be secreted (diabetes), administer pinus canadensis; if the kidneys secrete irregularly, belladonna is indicated. It is not to be supposed that no other agents are "specific" in cystitis, for every experienced practitioner knows of others. However, enough have been mentioned to begin with.

Such agents as are known to be diuretic in their action should not be administered in cystitis; better give those agents that tend to restrain urinary secretion. Spices are especially to be avoided. A man or woman having cystitis is made worse by taking stimulants and aromatics. Gin is occasionally prescribed, in urinary troubles, but oftener with bad results than with good.

But the most valuable part of the treatment of cystitis is the use of laudanum and starch in the rectum. Let from twenty to sixty drops of tincture of opium be mixed with two ounces of starch mucilage, and thrown into the rectum with a syringe. This enema may be repeated two or three times a day. Those unacquainted with the quieting effects of this agency in irritation of the bladder and cystitis, will be happily surprised when they carry the plan into operation. No internal medication through the stomach can equal in curative effects these sedative and emollient enemas. In addition a bag of hot sand may be placed between the thighs, near the perineum, and a hot dinner-plate may be frequently placed upon the hypogastrium. By medicating the pelvic viscera and surroundings the stomach may be kept for food and drink. Sedative medicines injure the appetite and digestion. Run as few remedies through the stomach as possible, unless they be peptics.—*Southern Medical Record; N. O. Med. Jour.*

WHEN TO RUPTURE THE MEMBRANES.

When the woman in labor is a multipara, you may generally rupture the membranes with impunity, after a fair dilatation of the os. But in the case of a primipara you must not rupture them until after full dilatation has taken place.—*Dr. Goodell, — Western Lancet.*

ERGOT AND SODIUM BROMIDE IN EPILEPSY.

Prof. Bauduy reports a case of epilepsy of sixteen years' standing which was cured by giving twenty grains of bromide of sodium with half a drachm of fluid extract of ergot three times a day. This treatment was continued a year and a half, and four years have elapsed without the recurrence of a fit.—*So. Med. Record*.

[SALICYLATE OF SODA IN CHOREA.

In case of chorea, in a child of seven, Dr. S. Weir Mitchell gave the following prescription for more than a month, and apparently with decided advantage, each dose containing—℞. Sodii salicylat., gr. x; glycerinæ, ʒ j; spts. lavendulæ, ℥ v; ol. gaultheriæ, gtt. ʒ; aquæ, q. s. ad., ʒ ss. Given three times a day.

He has been experimenting in this case and in a number of others concerning the effects of salicylate of soda in chorea, and it looks as if the experiment would prove to be of some value.—*Med. and Surg. Rep.*

PYROGALLIC ACID IN HÆMOPTYSIS.

In the *Dublin Medical Journal*, for December last, Dr. A. Vessy speaks highly of this agent in hæmoptysis, metrorrhagia and other internal hemorrhages. He says:

Pyrogallie acid appears to me to have the following advantages: The dose is small; it does not disarrange the stomach in the way that the usual gallic or tannic acid mixtures do; it is easily taken, and has no disagreeable after-taste. It appears to be more rapid and certain than any of the remedies mentioned above, and far surpasses the time-honored acid infusion of roses, or pil. plumbi cum opio. It dissolves readily in water or in spirit. A spirit solution of definite strength affords a convenient and ready method of administration.—*Medical Brief*.

TREATMENT OF THE FUNIS.

Dr. Goodell recommends the following:—As soon as the child cries lustily the cord is cut, and the umbilical portion being firmly held by the thumb and forefinger, the free end is "stripped" of Wharton's jelly and of any blood that may remain in it. Any blisters of Wharton's jelly which still remain unemptied by this process of "stripping" are nicked, and their contents squeezed out. After the removal of the pressure of the thumb and forefinger all bleeding usually ceases, and then the cord is tied. No subsequent dressing is thereafter used,

for the cord rapidly dries without smell and drops off without leaving a sore behind.—*Medical Record*.

ECZEMA INTERTRIGO OF INFANTS.

℞. Plumbi acetatis, gr. xxx; acidi acetici diluti, ʒ ij; glycerinæ, ʒ iss; Aquam rosæ, ad. ʒ viij. M.

Wash the sore parts well with soap and water, dry carefully, then apply the above.

Dr. H. B. Hodges writes to the *British Medical Journal*, that in hundreds of cases, during a quarter of a century of practice, he never knew the above to fail to cure the disease. He uses no internal medication.—*Med. and Surg. Rep.*

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

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FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

ASSISTANT EDITORS:

R. A. KENNEDY, M.A., M.D.

JAMES FERRIGO, M.D., M.R.C.S. Eng.

EDITOR OF PHARMACEUTICAL DEPARTMENT:

ALEX. H. KOLLMYER, M.A., M.D.

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MONTREAL, JUNE, 1880.

NEW DISPENSARY IN MONTREAL.

A new Free Dispensary has been started in Point St. Charles district, Montreal. The following medical gentlemen have been elected on its staff. *Consulting Physicians*:—Drs. Hings-ton, Craik and E. H. Trudel. *Attending staff*:—Drs. T. A. Rogers, T. J. Alloway, M. M. Seymour and J. J. Guerin. The district in which this dispensary has been opened contains a number of poor persons, and to them it will prove of much service.

OBITUARY.

AUGUSTUS P. M. CORBETT, M.D.

We regret to notice the death of Surgeon Major Augustus P. M. Corbett, M.D., Surgeon of the Prince Consort's own Rifle Brigade, which melancholy event took place in England on the 25th of March last. Dr. Corbett was a native of Kingston, and son of the late Sheriff Corbett, of that town. He began his studies as

a student of St. Lawrence School of Medicine in Montreal, and that school closing, Mr. Corbett transferred his attendance to McGill College, and graduated from that school in 1854. He at once proceeded to England, and entered the Army Medical Department, going to the Crimea almost immediately, where he saw much service. On the conclusion of the Crimean War he was ordered to India, arriving in time to participate in the suppression of the Indian Mutiny. In 1870, when the Rifle Brigade was stationed in Montreal, he was Surgeon of that Regiment, accompanying it to St. Johns during the Fenian raid in May of that year, and acting as Chief Medical Officer of the large force then gathered on the banks of the Richelieu. Dr. Corbett was possessed of many excellent qualities, and we are sure there are not a few still living among his old class mates who will hear of his death with regret.

A ROYAL PHYSICIAN.—Charles Theodor, of Bavaria, the royal prince, has just been regularly admitted to practice as a physician. He is a specialist of some renown in eye-diseases. He has practiced for several years with considerable success, and has been at the disposal of his many patients at all hours of the night and day. He is a generous as well as a wealthy man, and to his poorer patients gives not only medical advice but substantial help. The prince is the brother of the Empress of Austria, the Queen of Naples, and the Duchess of Alencon, and on the death of his elder brother will be at the head of the Bavarian ducal line.

PERSONAL.

The following changes have taken place in the Medical Faculty of Bishop's College,

Dr. David having resigned the Deanship and the Professorship of the Theory and Practice of Medicine, has been re-elected Dean and Emeritus Professor of Practice of Medicine.

Dr. F. Wayland Campbell has been transferred from the chair of Physiology to that of Practice of Medicine.

Dr. Wilkins has been appointed Professor of Physiology and Pathology, and Lecturer on Histology.

Dr. Perrigo has been appointed Professor of Surgery in place of Dr. Slack resigned.

Dr. J. C. Cameron has been elected Professor of Medical Jurisprudence and Lecturer upon Diseases of Children, in place of Dr. Perrigo, transferred to the chair of Surgery.

Dr. A. Laphorn Smith has been appointed Demonstrator of Anatomy, in place of Dr. Brodie, who leaves Montreal to settle at Honolulu, Sandwich Islands.

Dr. J. Leslie Foley has been appointed Assistant Demonstrator of Anatomy.

Dr. Leprohon has resigned the Professorship of Hygiene in Bishop's College.

Dr. Brodie, Demonstrator of Anatomy at Bishop's College, was entertained at a dinner at the Metropolitan Club, on the 20th of May, on the occasion of his departure for Honolulu, Sandwich Islands, to which place he has gone to settle and commence practice. During his short sojourn in Montreal, Dr. Brodie made many professional friends, who wish him every prosperity in his new and distant home.

Dr. Jenkins (C.M., M.D., Bishop's College, 1879) has commenced practice in Montreal.

Dr. James Bell, late house surgeon, Montreal General Hospital, has commenced practice in Montreal.

Dr. G. W. Nelson (C.M., M.D., Bishop's College, 1879), after a year's practice with Dr. Cotton of Mount Forrest, as his assistant, has removed to Marbleton, Que., where, at the request of a number of the inhabitants, he has commenced practice. On leaving Mount Forrest, Dr. Nelson was the recipient of a warm testimonial from Dr. Cotton, as to the general esteem in which he was held by all who came under his professional care.

Wolford Nelson (M.D., McGill and Bishop's College, 1871) left New York, May 23, *en route* for San Francisco, via Panama.

Dr. Gill (C.M., M.D., Bishop's College, 1880) has settled in Drummondville, Que.

Dr. Riordan (M.D., C.M., McGill, 1880), has been appointed Surgeon of the Allan S.S. Hibernian.

Dr. McDonnell (M.D., C.M., McGill, 1880, and Gold Medalist) has settled in Montreal.

Dr. H. B. Chandler (C.M., M.D., Bishop's College, 1880, and Gold Medalist), has commenced practice in East Boston, U. S.

Dr. E. Labrie (C.M., M.D., Bishop's College, 1880), has commenced practice in Gaspé.

THE CANADA MEDICAL RECORD.

VOL. VIII.

MONTREAL, JULY, 1880

No. 10.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
The Social Duties of the Medical Profession, by Casey A. Wood, C.M., M.D., Professor of Chemistry, Medical Faculty Bishops University, 253—Foreign Body in the Nostril, by A. Lapthorn Smith, M.D., M.R.C.S., &c., Demonstrator of Anatomy in Bishop's College.....257

PROGRESS OF MEDICAL SCIENCE

Powder for the Ulcers of Herpes, 258—Treatment of Sea Sickness, 258—Remedy for Corns, 258—Professor

PAGE
Fournier on Alopecia, 259—The Summer Diarrhoea of Adults, 260—Measles not a Trivial Disease, 263—Coccygodynia, 266—Points in the Surgery of the Urinary Organs which every Practitioner ought to know, 266—Treatment of Hemorrhoids, 267—Iodoform in Otorrhoea, 268—Delirium Tremens—Treatment of, 269—Treatment of Lumbago, 269—Sciatica—Chloroform Hypodermically, 269—Quintuple Birth, 270—Dangers of Habitual Headache, and of Intellectual Exertion of the Exhausted Brain, 270—Viburnum Prunifolium in Threatened

PAGE
Abortion, 271—Indications for Turning, 271—Choice of Purgatives.....271

EDITORIAL.

To our Subscribers, 272—Medico-Chirurgical Society of Montreal, 273—Grand Trunk Dining Cars, 273—Tri-annual Meeting of the College of Physicians and Surgeons, Province of Quebec, 274—Lactopeptine, 274—Personal, 275—Reviews, 275—Pharmaceutical Association of the Province of Quebec.....276

Original Communications.

THE SOCIAL DUTIES OF THE MEDICAL PROFESSION ;

Being the Faculty Valedictory to the Class of 1880.

By CASEY A. WOOD, C.M., M.D.,

Professor of Chemistry, Medical Faculty Bishops University.

You may readily imagine, if you cannot actually realize, the sense of responsibility experienced by the Faculty Valedictorian as he rises to say the customary words of farewell to the members of the graduating class. The knowledge, gentlemen graduates, that I am to address to you the last sentences of advice and instruction that will fall, in an official way at least, from the lips of the medical staff of this University, makes me specially desirous that my words should meet the requirements of this almost solemn occasion.

Having given the matter my earnest consideration, I have thought it well to depart from the usual course and address you on a subject that, while it is of the greatest moment to you, may not be uninteresting to those who are gathered here to witness the conferring of your degrees.

In a scarcely more than casual manner I referred, in a previous farewell address, to what may be termed some of the outside work of the medical man. Perhaps when this former ad-

dress was written the expression "outside duties" may have been applicable in a much greater degree to the medical profession than it could be now, since it is an undoubted fact that along with continual yearly additions of knowledge concerning rare, and possibly new, forms of disease, there is growing up a tendency in medicine to claim as her own proper ground much that was formerly regarded as professional *terra incognita*. If this be true, you will at once perceive the importance of discussing these matters, not only because what is to-day debatable territory may, in the near future, be your legitimate fields of labour, but because your studies have, in most instances, fitted you for entrance upon these duties—some of which I propose to notice.

You cannot have failed, even from the beginning of your studies, to have been struck with the fact that a great deal of the suffering in this life, not only of a physical, but of a moral nature, has its origin in causes that are absolutely preventible. To this may be added the hope of many men, and the belief of a few others, that the discovery of the causes of other diseases will, in time, suggest means for their prevention, even if they are susceptible of cure. It is with this last division that I would fain class you while I endeavor to point out some wide-spread troubles whose increase you can assist in arresting. Moreover, the medical man, at the outset,

has need of a faith of this kind, because his first experience of professional life undoubtedly tends to drive him in the direction of a narrow pessimism.

The preventible character of the great majority of ills of humanity and the fact that they are self-inflicted will be abundantly shown if we consider a few of them. Prominent among the social questions upon which you should be competent to speak is that of intemperance. I do not give this matter a first place in the list of medico social problems because I consider it to be the most important, but because at the present time it occupies so large a share of public attention. What, then, does science tell us about the effect of alcohol when used as every day drink?

You will notice, I do not enquire what are the peculiar ideas of certain enthusiasts concerning this matter, but rather what is the result gained by calm, scientific investigation of the effects of alcohol on mind and body? And in the same spirit, I answer, science condemns, as perfectly unjustifiable, the use of alcoholic beverages by those in perfect health. Manifestly this is not the place to consider at length the arguments for and against—if you would study the question in all its bearings, let me advise you to read carefully Dr. W. B. Richardson's treatise "On Alcohol:" (a) but I would merely say that the conclusions arrived at, many years ago, by Carpenter still hold true. "It is," said he, "through the medium of the water contained in the animal body that all its vital functions are carried on. No other liquid than water can act as the solvent for the various articles of food which are taken into the stomach. It is water alone which forms all the fluid portion of the blood, and thus serves to convey the nutritive material through the minutest capillary pores into the substance of the solid tissues. It is water which, when mingled in various proportions with the solid components of the various textures, gives to them the consistency which they severally require. And it is water which takes up the products of their decay, and conveys them, by a most wonderful and complicated system of sewerage, altogether out of the system. It would seem most improbable, then, that the habitual admittance of

any other fluid—especially of one which, like alcohol, possesses so marked a physical, chemical and vital influence upon the other components of the animal body—can be otherwise than injurious in the great majority of cases: and where a benefit is derivable from it, this will depend upon the fact that the abnormal condition of the system renders some one or more of the special actions of alcohol *remedial* instead of *noxious*, so that the balance becomes, on the whole, in favour of its use." (b) You will observe, then, that the use of alcoholic beverages in health is a scientific inconsistency which you should not only yourself never be guilty of, but you are, it seems to me, also bound to discountenance the custom among your friends and patients. It will not be necessary for you to consider the undoubted facts that, directly and indirectly, strong drink is the curse of many a man's moral debasement and physical ruin, that the habit is as useless as it is pernicious—these are, more properly, weapons to be handled by the press and by the pulpit; it is enough for you to know simply that there are unanswerable psychological and physiological reasons why men should not drink. And, before leaving the subject, I am obliged to confess that it is much easier to condemn an evil than to suggest an effective remedy for it, and so shall we find that prohibitory liquor laws, temperance societies and agitations, public lectures and private warnings, produce effects that are, to say the least of them, very discouraging, because the roots of this modern upas tree grow deeper into the soil of society than most of us imagine, and they derive their nourishment from sources little suspected. But you must neither be disheartened because of this, nor should you allow yourself, on account of it, to neglect any opportunity or abandon any attempt to lessen intemperance and its consequent evils. It is not that your efforts to put down drunkenness will be of no avail, but simply that you are almost certain to under-rate the magnitude of the work, and to hope for a temperance harvest before the seed is fairly sown.

Closely connected with useless indulgence in alcohol is the intemperate employment of food. Who shall calculate the vast amount of personal

(b) Use and abuse of Alcoholic Liquors, pp. 170 and 171, W. B. Carpenter, M.D., F.R.S.

(a) Six Cantor Lectures.

misery and wretchedness that arises from dyspepsia? It has been claimed that simple indigestion is answerable for more unhappiness, and has done more to lessen the proper enjoyment of life, than any other malady. What a number of persons one meets with suffering from this perfectly preventible disorder! I do not suppose that ten per cent. of the Anglo-American race are entirely free from it. Think of what such a statement means—of the bright and hopeful dispositions spoiled—of tempers soured—of lives rendered miserable! But sadder yet it is to know that dyspeptics, in the vast majority of cases, have only themselves to blame. They have not been content to eat too much, and too often, and too fast, but they have heaped insult upon injury by devouring what they know perfectly well cannot agree with them! Need we wonder if, after years of indulgence in this species of folly, the much abused stomach finally refuses to put up with further outrage? As you know, there are cases of hereditary dyspepsia, where the invalid cannot be held accountable for the sins of his ancestor, but they are exceptions to the rule. In pleasing contrast to these unwelcome facts stand the agreeable truths that most cases of indigestion are capable of being cured—and, let me add, a still larger number might have been altogether prevented. But who will do the work of teaching the people what they shall eat and how and when they shall eat it? My answer is—the members of our profession; and you graduates of Bishop's College must not forget this duty in the seemingly more important business of your daily life. No body of men could be more desirous than the Medical Faculty of this University of seeing a perfect system of sewage introduced into every city and town of Canada. It was they who first made hygiene one of the compulsory subjects of examination, and I am sure none of you will neglect to urge the adoption of public sanitary measures upon the community you have chosen as your future sphere of usefulness; but there are other hygienic laws of almost equal importance, which should not be overlooked, since their observance will conduce still further to the health, comfort and happiness of those who obey them, while neglect is certain to be followed by those penalties nature never fails to inflict. I refer to personal hygiene, for in guarding against dan-

gers from without the social encampment let us beware of troubles arising within. Such matters as proper dress, exercise, correct amount of sleep, bathing, quantity and quality of breathing air, the cleanliness of the house and its temperature—these are by no means subjects of minor importance, and you must not consider them beneath your notice, because the density of the ignorance that everywhere prevails regarding them is equalled only by the difficulties you will encounter if you attempt to inaugurate a better state of affairs. For instance, sad experience will shortly teach you that not a few people will take no exercise worth speaking of, who keep their houses at a temperature daily varying from 40° to 85° Fahrenheit, and who abuse their minds and bodies in every conceivable manner—that these are the first to work themselves into an extreme state of excitement over a defective drain or a suspicious subterranean smell. I strongly suspect that the medical profession is chiefly to blame for this *hysteron proteron* aspect of affairs; and while on this subject, that there may be no misconception as to the exact relation sewage odours bear to contagious and infectious diseases, I ask your attention to an extract from a report of Mr. Simon, Medical Officer to the English Privy Council, as he may be considered a very high authority. "An important suggestion," he writes, "of modern science, with regard to the nature of the operations by which filth, attacking the human body, is able to disorder or destroy it, is, that the chief mortific agencies in filth are other than those chemically identified stinking gaseous products or organic decomposition which force themselves on popular attention. Exposure to the sufficiently concentrated forms of organic decomposition (as for instance, in an unventilated old cesspool, or longblocked sewer) may, no doubt, prove immediately fatal, by reason of some large quantity of sulphide of ammonium, or other like poisonous and fœtid gas, which the sufferer suddenly inhales; and far smaller doses of these fetid gases as breathed with extreme dilutions in ordinary atmospheres, both give immediate headache and general discomfort to sensitive persons temporarily exposed to them, and also appear to keep in a vague state of health many who habitually breathe them; but here, so far as we yet know, is the end of the potency of these stinking

gases. While, however, thus far there is only the familiar case of the so called *common chemical poison*, which hurts by instant action and direct proportion to its palpable and ponderable dose, the other and far wider possibilities of mischief which we recognise in filth are such as apparently must be attributed to *mortific ferments* or *contagia*, matters which not only are not gaseous, but, on the contrary, so far as we know them, seem to have their essence, or an inseparable part of it, in certain solid elements which the microscope discovers in them in living organisms, namely, which in their largest sizes are but very minute microscopical objects, and at their least sizes are probably unseen even with the microscope; organisms which, in virtue of their vitality, are indefinitely self multiplying within their respective spheres of operation, and which, therefore, as in contrast with common poisons, can develop indefinitely large ulterior effects from first doses which are indefinitely small. Consequently the question what infecting powers are prevalent in given atmospheres should never be regarded as a mere question of smell. It is of the utmost practical importance to recognize in regard of filth, that agents which destroy its smell may yet leave all its main powers of disease-production undiminished."

To this we may add an observation of Tyndall's that "drains and cesspools are by no means in such evil odour as they used to be. A fetid Thames and a low death-rate occur from time to time together in London. For if the special matter or germs of epidemic disorder be not present, a corrupt atmosphere, however obnoxious otherwise, will not produce the disorder. But, if the germs be present, defective drains and cesspools become the potent distributors of disease and death. Corrupted air may promote an epidemic, but cannot produce it. On the other hand, through the transport of the special germ or virus, disease may develop itself in regions where the drainage is good and the atmosphere pure." (c)

It should ever be a matter of congratulation that sanitary improvements, and the decreased mortality from epidemics, which they have brought about, have undoubtedly tended to lessen

the average death-rate. This may well encourage us to redouble our efforts in the future, but at the same time it is desirable that we should not overlook the yearly increase of mortality in the cases of disease of the brain and heart. The total number of deaths of males from heart disease in England rose from 5,746 in 1851 to 13,428 in 1870, and while the rate per 1,000 was .755 in 1853, it was 1.085 in 1870. And this increase, let it be remembered, was altogether confined to the working years of active business and social life, warning us that in this age of steam and electricity not to kill ourselves in the race for wealth, position or power. I say *race* advisedly, because it has often been noticed that people do actually walk faster than in former times, as if to keep pace with the mental strain and excitement characteristic of the times. (d)

And so with insanity, also on the increase amongst us; and here, too, let there be no mistake regarding the method of production of this dreadful disease. "People," says a celebrated alienist, "are apt to talk as if they believed that insanity might be got rid of were only sufficient care taken to prevent its direct propagation by the marriage of those who had suffered from it, or were likely to do so. A vain imagination assuredly! Were all the insanity in the world at the present time clean swept away to-morrow, men would breed it afresh before to-morrow's morrow by their errors, their excesses, their wrong doings of all sorts." (e)

And here this recital had better end, not that the list of self-inflicted human woes is completed by those I have mentioned, but that I would fain hope enough has been said to make you reflect and act upon the infection that man is capable of preventing, if not of curing, a majority of his ills, because he has been the main cause of them. If we refuse, as I think we may, to believe in *inevitable* evils, or rather if we feel that many of the worst afflictions that degrade the race are susceptible of elimination, it is surely our duty to inquire what *we* can do to prevent, and what we can do to permanently cure. What can medical men do towards a permanent lessening of the evil of this life? I

(d) See, for example, Sir Henry Holland's "Recollections of a Past life."

(e) Henry Maudsley in the "Fortnightly Review" for August, 1879.

can only point you to two very ancient and very good methods, the first of which is *precept* and the second *example*, and I know of no other means to so desirable an end, nor have I much faith in those Utopian schemes so frequently and so authoritatively promulgated in these days. I would prefer that you should harbour no ideas incapable of realization; I would not have you waste the summer of life in dreaming of millennial days that come not, but would rather find you engaged in faithful, earnest work to hasten the coming of that time in the far off future when man, no longer ignorant, will realize, in a much more intelligent manner than he seems to learn to-day, the sure and inevitable punishment that follows a transgression of Nature's laws. Now I do not need to be reminded that

"Knowledge comes, but Wisdom lingers"—

and that observance of a law does not of necessity follow one's acquaintance with it; indeed, if we required an apt illustration of this melancholy truism, I would quote a writer who, in speaking incidentally of the slight extent conduct is affected by knowledge, observes "how amazingly little the teachings given to medical students affect their lives, and how even the most experienced medical men have their prudence scarcely at all increased by their information." (f) If such an example teaches us with what difficulty and how slowly human nature is modifiable, it does not, fortunately, prove that it is not capable of almost indefinite modification. Who can say what may be accomplished by even a small number of individuals if they were only true to themselves, and would work faithfully and honestly—not only teaching men how to live, but setting them the higher example of a good life. Your duty is a plain one. You have each one of your life lessons to teach, doing so with the belief that some time in the future men will stop to ponder them, and to act upon them as if they were true. But not now. Large advances in human nature are not to be looked for in our generation, but it should be quite enough for us to believe that they will come, just as we know that, in nature, the vastest results are brought about by accumulated actions of forces minute in themselves.

(f) "The Study of Sociology," by Herbert Spencer, page 121.

The actinic rays of the solar beam build up the solid parts of the stem, the leaf, the bud and the flower only by innumerable impulses of the light waves, but each wavelet does some part of the work. It required the testaceous coverings of Foraminifera and fragments of the shells of Mollusca in countless millions, deposited during geological ages, to form the vast limestone rocks characteristic of the Cretaceous Period, and yet each broken shell and each microscopic fragment of calcic carbonate added something to the stupendous work. And so with us. Each one of us singly can do but little to secure the permanent alleviation of human suffering, and yet that little is worth doing—well. And the very doing of it will bring its reward. The sentiments of the Lord of Ephesus will find an answering echo in your hearts:—

" 'Tis known, I ever

Have studied Physic, through which secret art,
By turning over authorities, I have
(Together with my practice) made familiar
To me and to my aid, the blessed infusions
That dwell in vegetives, in metals, stones;
And I can speak of the disturbances
That nature works and of her cures; which gives me
A more content in course of her delight
Than to be thirsting after tottering honour,
Or tie my pleasure up in silk bags
To please the fool and death." [g]

And when you have decided to be something else than mere drug-distributors—when you recognize the value of your profession as a great social power for good—then, and only then, will you begin to realize the wise and noble words of Descartes, that if it be possible to bring the human race to a state of perfection it is to the medical profession we must look for the means. (h)

Gentlemen, farewell!

FOREIGN BODY IN THE NOSTRIL.

By A. LAPHORN SMITH, M.D., M.R.C.S., Eng. &c., Demonstrator of Anatomy in Bishop's College.

While holding the position of House Surgeon of the East London Children's Hospital at Shadwell I had frequent opportunities of meeting with cases of the above accident; and, as it often happened that the subjects of it had already been under the care of one or more

[g] Shakespeare's "Pericles," Act iii, Scene 2.

[h] "S'il est possible de perfectionner l'espèce humaine, c'est dans la médecine qu'il faut en chercher les moyens."

surgeons for the treatment of the symptoms to which the presence of the foreign body gave rise, without a cure being effected, I think the following case from my own private practice may be of interest.

Mrs. G. consulted me in March last about her little boy, aged 3 years, who, she said, had been troubled with catarrh for the last four months. She stated that it had begun in November with a "cold," for his nose was stuffed up, and there was a profuse watery discharge from the right nostril. At the end of a month the discharge had become purulent and so foul smelling that she took him to a druggist, who gave her some patent catarrh remedies, several of which she faithfully tried without avail. Becoming alarmed by the profuseness of the discharge she consulted a doctor who gave her a wash with which to syringe the nose. This only had the effect of rendering the odor less disagreeable, so after a month or six weeks of this treatment she abandoned it; but, as the child was losing its health very perceptibly, she shortly afterwards came to me. I told her that I would have to *examine the child's nose with an instrument*, at which she seemed much surprised, as neither the druggist nor the doctor had suggested anything of the kind. I found the right nostril very much enlarged, inflamed, and impervious, and by the aid of a wire speculum and probe, I soon discovered a foreign body completely filling the passage. I was prepared to give chloroform if necessary, but, before doing so, I made an attempt to extract the dark brown mass with a pair of double-acting urethral forceps, which I have found very effective in these cases, and easily succeeded, much to the astonishment of the mother and child, in withdrawing a large piece of rotten hardwood, soaked with blood and pus.

In two or three days the ulceration was entirely healed, and thus a case of ozæna of 4 months' standing was completely cured.

In Holmes system of surgery (1861, p. 256, vol. II.) although several cases similar to the above are given, in one case a screw an inch long being the offending body, yet the following rather paradoxical paragraph appears: "Foreign bodies introduced into the nose cannot excite the same dangers as in the former situation (the ears). They may in general be readily removed either with the polypus forceps or the

scoop. The only danger attending the operation is that of breaking the spongy bones or of pushing the substance backwards into the pharynx. Let it be remembered that, in children especially, there is no cause for anxiety nor haste; the extraneous body will work its own way out, the surrounding parts receding so as to widen the passage by which it entered."

Would it not be much better to give the child chloroform, and, after dilating the nostril with a speculum, to remove it at once, and save the child from suffering which, in one recorded case, extended over a period of three years.

Progress of Medical Science.

POWDER FOR THE ULCERS OF HERPES.

Prof. Fournier recommends that the ulcerated vesicles of herpes should be washed several times a day with Labarraque's solution diluted with equal parts of water, and then covered with a pad of wadding charged with a powder composed of subnitrate of bismuth, four parts, calomel and oxide of zinc, of each one part. If the eruption is extensive, absolute rest is necessary, and bran baths, together with the internal use of opiates and bromide of potassium, should be administered—*Med. Times and Gaz.*

THE TREATMENT OF SEA SICKNESS.

Frederic W. Cory, late Surgeon Eastern and Australian Mail S. Co., writes to the *Lancet*: As every contribution toward the treatment of *mal de mer* is generally welcomed, I beg to state the result of two years' experience, for the most part in the tropics. The best remedy I have found is a combination of small doses of the bromide of potassium and hydrate of chloral taken with the citrate of magnesia during effervescence. Spirits of sulphuric ether may be sometimes added if there be much prostration. I may say that this remedy has only failed me in one case.

REMEDY FOR CORNS.

Mr. Gezow, a Russian apothecary, recommends the following as a "sure" remedy for corns, stating that it proves effective within a short time, and without causing any pain—:

Salicylic acid	30 parts.
Extract of Cannabis indica	5 "
Collodion	240 "

To be applied by means of a camel's-hair pencil.

PROFESSOR FOURNIER ON ALOPECIA.

[Abstract of a Lecture delivered by M. Fournier, reported in the *Gazette Hopitaluz.*]

Alopecia is an affection, he observes, concerning which the physician is constantly persecuted, and upon which prejudices prevail that it is of importance to remove, especially as regards the supposed relations between alopecia and syphilis. After adverting to alopecia as dependent upon lesions of the hairy scalp, the diagnosis and treatment of which are easy, he proceeds to say that there are five classes of alopecias unconnected with such lesions, viz., senile and precocious alopecia, the alopecia of convalescence, cachectic alopecia, syphilitic alopecia and pelada.

1. **SENILE AND PRECOCIOUS SENILE ALOPECIA.**—This is one of the consequences of age, commencing generally between thirty-five and forty years of age, but varying greatly in this respect; so that while old persons sometimes retain a luxuriant head of hair, others lose it prematurely, an abundant fall of the hair commencing at thirty, twenty-five, or even earlier. The causes of this precocious alopecia are various: First among these stand gout and arthritis, so that is a sign *par excellence* of the gouty diathesis. Next may be mentioned all debilitating causes having a prolonged action, excesses of the forces of the economy, intellectual labor, the abuse of women, onanism, habitual watching, excess at table, etc. We may meet with it just as well in the *savants* of the institute as in those who abuse mundane life. Thirdly, anxiety, intense grief, preoccupations, wretchedness, or imprisonment may prove causes of alopecia. But there are questions which we do not understand about it, as why men are infinitely more predisposed to it than women, and why certain families are more liable to it than others. There are influences of race and blood which remain unexplained; and why, in the absence of all debilitating causes, all diatheses, or any excess, it appears in individuals living under the best hygienic conditions is a mystery. These two forms of senile alopecia are distinguished by three principal characteristics: 1. It is slow and progressive, not devastating the head in the course of some weeks or months, but proceeding slowly so as to occupy some years; 2. It is systematized, having its special well-circumscribed seat, the vertex, the precise place of the ecclesiastical *tonsure*, and toward the forehead, on the antero-superior part of the cranium, always respecting the lateral and posterior parts. The baldness is surrounded by semi-circle of hair, stretching from the temples to the nape; 3. It is symmetrical, being absolutely regular and elegant in its form, affecting both sides precisely alike, so as not to stretch even a centimeter to one side more than the

other. "There is nothing ridiculous or malformed about it, and it confers upon the physiognomy an expression of wisdom, experience and venerability. It adapts itself marvelously to certain heads which would be deformed by a wig, and is the severe beauty represented in sculpture by the classic head of *Æschylus*."

2. **THE ALOPECIA OF CONVALESCENCE.**—A great number of serious diseases are followed by baldness. After typhoid fever the hairs almost always fall in profusion; as also after eruptive fevers, erysipelas, bad phlegmons, typhus, and pneumonia. This may occur also even in a completely physiological condition, many women losing their hair after delivery, although the labor may have been quite normal. This peculiarity it is of importance to mention, and it must nowise be attributed to syphilis or any other affection. The characteristics of the alopecia of convalescence are: 1. The rapidity of its occurrence, supervening in a few weeks; 2. Its generalization and absence of systematization, it choosing no particular region, but occurring at the right or left, or everywhere; 3. Its general moderation, as, even in severe cases it never produces complete baldness; 4. It is only temporary and reparable. When the hair falls during convalescence it shoots up again. The occurrence of this form is explained by the disturbance of nutrition produced by the disease and by the conditions which have given rise to this. It is an analogous phenomenon to that observed in the nails, in which a transverse depression or thinning of the nail takes place from defective nutrition during disease. So with the hair, imperfectly nourished at its base, the pilous bulb, it becomes less adherent, not falling during the course of the disease, but after it.

3. **CACHECTIC ALOPECIA.**—This supervenes in all diseases which create a deep-seated and chronic disturbance of the economy, in pulmonary phthisis and the other forms of tubercular affections, in cancer, in organic affections, cirrhosis, impaludism, diabetes, and in the darts and syphilitic cachexiæ. It is a general, disseminated alopecia, attacking all the hairy scalp at once. All the hairs are dull, dry, pulverulent, having lost their lustre like the hairs of a corpse.

4. **SYPHILITIC ALOPECIA.**—Syphilis often gives rise to alopecia, and certain prejudices prevail respecting it which the following considerations may dispel: First, at what period of the disease does it appear? When a man forty or forty-five years of age becomes bald it is not uncommonly said that it is due to an old pox, or that he is suffering for the sins of his youth. Nothing can be more false. So far from being a delayed manifestation, baldness is a symptom of recent syphilis, supervening usually three, four, or six months after infection. Usually it follows the first signs of secondary symptoms,

toward the third or fourth month, although sometimes when treatment is postponed it is delayed until the first or second year. It then supervenes as a symptom of ulcerative syphilides; but cachectic alopecia may occur at any period of syphilis. Occasionally appearing as a consequence of papular syphilide of the scalp, secondary alopecia in the great majority of cases is unconnected with any such lesion. It may appear in any of the forms of the disease, whether benign or malignant; but still it is most usually met with in grave secondary syphilis accompanied by asthenic symptoms, emaciation, and general debility. The fall of the hair takes place without any inflammation, pain, or itching, and occurs indiscriminately at any part of the head, sometimes merely thinning the hair, and at others forming irregular islets of baldness. Generally both forms may be observed on the same head. The extent to which it proceeds varies greatly, from being scarcely perceptible to the falling off of the hair by handfuls, to the partial, and even in very rare cases to the entire, denudation of the cranium. The hair, too, loses its brilliancy and becomes dry and dull, and thus with real hair, as Diday observes, the patient has the appearance of wearing a wig. The duration of this form of alopecia is always temporary, so that after from one to six months the fall of the hairs ceases, and they are always and invariably reproduced, so that it may be laid down as a true axiom that persistent and general alopecia is never of a syphilitic origin. Syphilitic alopecia may extend to the hairs of the rest of the body, causing the fall of the eyelashes, the eyebrows and the hair of the pubes, etc. Alopecia of the eyebrows is even common, especially in women, sometimes merely thinning them, and at others removing them in spots or islets, so that perhaps a third of the eyebrow may be wanting. Nothing is more characteristic than this broken arch, producing at once so repulsive an appearance and so sure a sign of syphilis. The eyelashes are less frequently lost. Genital alopecia is pretty frequent, especially in women, and occasionally the hairs of the armpits and the rest of the body fall. But in all these cases the alopecia is only temporary, and after a certain time disappears. There is no special medication for syphilitic alopecia, all local applications being useless, and cutting the hair or shaving the head does not induce more rapid reproduction of the hair. The mercurial treatment is the exclusive and efficacious remedy, aided, if required, by iron, quinine, etc. Popular prejudice attributes the baldness, which is really the effect of syphilis, to the action of mercury; but under the influence of this a bald head becomes re-covered with hair.—*Med. Times and Gazette.*

THE SUMMER DIARRHŒA OF ADULTS.

By HORATIO R. BIGELOW, M.D., of Washington, D.C.

With the approach of warm weather the physician will not unwisely occupy himself with the consideration of a class of cases which cover a wide domain of symptomatology, and in which an intellectual therapeutical discrimination is absolutely necessary. The professional practice in cities during the summer months is largely confined to the treatment of diarrhœas, so that it may not be amiss to dwell somewhat at length upon a general analysis of the disease in its varying forms, and to point out the indication of remedial interference. It is my purpose to deal only with essential and reflex diarrhœas, so that the questions of dysentery, cholera, etc., need not cumber the present discussion.

Etiology.—A man of adult years complains to us of a diarrhœa and its concomitant symptoms. What shall we give him? Naturally, the first question demanding solution is, upon what condition does the diarrhœa depend? What has caused it?

A diarrhœa results from increased peristaltic action of the intestines, or from excessive secretion, or from the two combined. The exciting causes of these phenomena, in relation to the subject in hand, and which will apply to the majority of ordinary cases, are—

1. Intestinal irritation by improper or unripe food and fruit, impure water and constipation.
2. Changes of temperature, bad air, anti-hygienic conditions, fatigue and malarial influences.
3. Obstruction of the portal circulation.
4. Excessive mental excitement.

There are, of course, *vicarious* diarrhœas, the diarrhœas of typhoid fever, of phthisis, cancer, Hodgkin's disease, etc., but these are intercurrent phenomena, the local manifestations of constitutional disturbance, and are to be met in the general treatment of the primary lesion.

In general summer practice it will be found that nearly all of the cases that come to us for treatment will depend upon some one of the foregoing exciting causes. It is essential that the diagnosis should be an accurate one, to insure successful treatment.

Diagnosis.—The history of the case will first arrest attention. The social condition of the patient and his hygienic surroundings. The duration of the disease. The nature of ingesta. The length of time between the last meal and first symptoms of the attack. The nature of the last meal. The character of the discharges. The co-existence of nausea. The presence of headache, increased upon the movement of the head. The condition of the tongue. The daily occupation of the patient. His condition in reference to insomnia. The distinction between

the various forms may be confirmed from the symptomatology.

Symptoms.—1. Unripe or improper food; impure water; constipation—acting as intestinal irritants. When an adult has eaten unripe fruit, or vegetables not perfectly fresh, the symptoms of colic, with or without diarrhœa, soon manifest themselves. There is flushing of the face; more or less activity of the perspiratory glands; a binding, gnawing pain along the greater curvature of the stomach, with nausea, often amounting to emesis. The pain may be very intense, but is neither increased nor diminished by pressure. The diarrhœa which follows may be profuse, liquid and lenteric, if the ingesta are forced along the canal by the peristaltic action. Should any undigested matter remain, the discharge is scant and unsatisfying, while tormina and tenesmus are prominent. This form of summer complaint yields readily to appropriate treatment, leaving no ill effects. When the diarrhœa is due to constipation we shall usually have the history to guide us. The general symptoms are small, feculent discharges, usually liquid, the accumulated feces acting as a foreign body and setting up an irritation; or small, round, hard masses may also be discharged. Hard, indurated swellings may often be made out along the course of the colon. There is a general sense of malaise.

2. Excessive fatigue occasions an ephemeral diarrhœa which has no especial history other than its exciting cause. In those cases where the flux is the result of anti-hygienic conditions we will be apt to have more or less constitutional disturbance. The face will be pale and pinched, eyes sunken, with general emaciation. There is constant diarrhœa, painless and crapulous. Pulse quick and shallow.

3. Obstruction of the portal circulation. The "bilious diarrhœa" of common parlance. What physician will not recognize the vertigo, the headache that comes and goes and is increased by physical activity, the bad taste in the mouth and coated tongue, the drowsiness and languor, and the foul odor of the discharges. The ideal disease of the laity.

4. Excessive mental excitement. This is the most severe and often the most obscure form of the disease. It will not yield to the usual astringents, and is accompanied by many distressing symptoms. We have a history of mental strain, at a time when the heat of the summer has been most intense. There is irregular action of the heart, with palpitation. Insomnia. Excessive nervous irritability, with photophobia. There is pronounced mal-assimilation, with gastric irritability. Each active cerebral effort is followed by intestinal discharge. In a few other diseases have we such a typical example of the influence of the mind upon the body. This diarrhœa is essentially

reflex, and can be controlled only by treating the nervous system. In general we have to decide whether it is desirable to check the flux, whether we shall give cathartics or purgatives, or nerve tonics, and what combinations best subserve these ends.

Treatment.—In all cases where we have reason to suppose that there is undigested food in the alimentary track, it is good practice to exhibit at the very commencement a dose of castor oil and opium. This somewhat nauseous admixture may be rendered palatable by combining with it compound tincture of cardamoms, oil of gaultheria, pulverized acacia, white sugar and cinnamon water. Should there be extreme pain or cramp, a spiced hop poultice (hops, cinnamon, cloves, linseed and brandy) over the abdomen gives much relief. While the subcutaneous injection of $\frac{v}{j}$ -x minims of Magendie's solution will quiet pain and nausea. If the stomach is incapable of retaining the oil, it should be administered as an enema. A persistent diarrhœa should be treated with powders of oxide of zinc with bicarbonate of potash, or with gallic acid and opium. Where the anæmia is marked, the debility extreme and the diarrhœa malignant, in the sense that some anæmias are said to be malignant, there is no more desirable mixture than the elixir of calisaya bark and aromatic sulphuric acid. If the tendency be to cholera, quinine and ergot, or carbolie acid, should be given with hot brandy punches, with laudanum, or the subcutaneous injection of the hydrate of chloral. The simple, uncomplicated diarrhœa that one meets so often in the summer will usually yield to a little chalk mixture with tincture of krameria; when more severe we may use a mixture of tincture of opium, spirits of chloroform, alcohol, and spirits of camphor. An enema of the sulphate of copper before breakfast is useful in many cases of great tenesmus. As a general rule, when sent for to attend a case of cramps resulting from unripe fruit, or anything of that nature, I order a castor oil enema at once, with the immediate application of a hot spiced hop poultice over the abdomen. If necessary I add a subcutaneous injection of morphine, and leave the patient with the assurance that he will be well in a few hours, and that nothing more will be necessary. If an adult patient comes to my office complaining of an active diarrhœa, attributable to no other cause than that of heat and over exertion, I order him a few powders of the oxide of zinc and bicarbonate of potash, to be followed by a mixture of the elixir of calisaya and sulphuric acid. If the diarrhœa be due to constipation we have nothing better than a pill of extract of nux vomica, extract of belladonna with extract of physostigma. These should be taken regularly, to overcome the habit, which is due probably to a relaxed condition of the muscular coat of the bowel. The

anæmia of malaria attended with diarrhœa is admirably treated with a pill containing chinoidine, sulphate of iron and the resin of podophyllum. Astringents, as we usually understand the term, are of no possible avail. They do not reach the seat of the disease. An ordinary bilious diarrhœa, not due to catarrhal or obstructive jaundice, will generally yield to a pill containing Turkey rhubarb, resin of podophyllum and blue pill, with a little hyoseyamus, to prevent griping. After decided action has resulted we may put our patient upon a mixture containing dilute nitro-muriatic acid. The diarrhœas preceding attacks of icterus are treated with a pill of purified ox bile, sulphate manganese and podophyllum, or with the hydrated succinate of the peroxide of iron. In the reflex diarrhœa due to intense heat, with excessive mental excitement, we have a remedy above all others. Finally, powdered ice applied to the whole length of the spine, in one of Dr. Chapman's ice bags, for one or two hours at a time, has a wonderful and immediate effect. It relieves the hyperæmia of the nerve centres, tranquillizes nervous irritability, overcomes insomnia and checks the diarrhœa. In diarrhœas generally, attended with great nervous prostration, we have nothing in medicine of half the value. In these cases the great object to be attained is to subdue as rapidly and completely as possible the hyperæmia of the spinal cord and sympathetic ganglia, and re-establish the healthy equilibrium of the circulation, and while the future may demonstrate the way in which this may be accomplished by galvanism, we have not now any means of reaching the automatic nervous centres comparable to that of ice applied along the spine, together with heat to the general surface. With this we may give bromide of lithium and calisaya, or the elixir of calisaya, quinine and strychnia.

Hygienic Considerations.—Air, clothing and food are three essential factors in any consideration of health. A well ventilated room, with an even temperature, free from draughts must be insisted upon. It is often necessary to advise a temporary change of residence in obstinate cases, and nothing seems to be more desirable than a camping-out excursion. Absolute cleanliness must not be lost sight of. A strip of flannel worn around the bowels, underneath the undershirt (which should be worn all summer), is often of benefit. Where there is persistent gastric irritation, the patient should be made to eat a very little raw beef, chopped fine and seasoned with salt and, perhaps, a little red pepper, every two or three hours. Ordinarily the diet should be restricted to milk rations, and in extreme cases nothing should be allowed but a little milk and lime water.

General Considerations.—A strict adherence to my subject, conjoined with a proper regard for condensation, makes it necessary to leave unsaid much that might with profit be written.

There are drugs without number familiar to physicians, which are of more or less consequence in the treatment of diarrhœas. The combinations that I have mentioned are the best for the purposes indicated, of which I have knowledge, and it is best to be unincumbered of a number of formulæ of doubtful efficacy. For this reason I have not referred to a fatty diarrhœa, because it is exceedingly rare, and in the treatment of it we are in the dark. Neither is it within the scope of this article to enter into a discussion of chronic diarrhœas, which rely for ultimate cure upon a strict dietary regimen, with tonic mixtures. It is advisable to begin treatment in every case with the combination which we have a reasonable hope will result successfully, rather than to temporize with drugs which may or may not accomplish the desired object.

David Young, M.D., of Florence, Italy, in the *Practitioner*, for March, 1875, and December, 1879 (Napheys' Therapeutics), states that in nearly every form of diarrhœa he trusts almost exclusively to diet, and to one or two forms of castor oil emulsion. For instance—

R. Olei ricini,	℥xxiv
Spt. chloroformi,	3 iss
Sol. morph. mur.,	3 j
Pulv. gum acaciæ,	3 ss
Aquam, ad	3 iv. M.

Sig.—A small dessertspoonful every hour and a half until the bowels are quieted.

He adds the following rules:—

1. When the diarrhœa is chronic, and the stools contain mucus, he increases the dose of castor oil from two to four drops.

2. If the pain is very severe, six drops of morphia (Sol. B. Ph.) may be given with each dose, but he has never had occasion to give more.

3. If the mixture is carefully prepared it is pleasant and readily taken, and the taste of the oil is so completely covered that in only two or three cases of the large number in which he had given it was the mixture suspected to taste like castor oil.

4. The mixture does not keep well, especially in warm weather, but the addition of four grains of quinine to a three-ounce bottle will keep it fresh for several weeks. Sir J. Fayrer, F.R.C.P., of British India (*op. cit.*), believes that in the treatment of chronic diarrhœa diet is the most important element, more so than drugs. He advises milk and lime water (one-third lime water) at frequent intervals. Beef tea, raw beef juice, or a raw egg, may sometimes be given. Tea and coffee should be avoided.

Drs. Burkhart and Ricker, Stuttgart, Germany, use the following preparation of the active principle of coto bark:—

R. Cotoinë,	gr. j
Aquæ destillatæ,	fl. 3 iv
Alcoholis,	gtt. x
Syrupi,	fl. 3 j. M.

SIG.—A tablespoonful every hour.

In some cases of great general prostration I have used a pill, most excellently compounded by McKesson and Robbins, after the following formula:—

R. Strychnia,	$\frac{1}{100}$ gr.
Phosphorous,	$\frac{1}{100}$ gr.
Ext. cannabis indica,	$\frac{1}{16}$ gr.
Ginseng,	1 gr.
Ferri carb.,	1 gr.

In the *Practitioner*, Dr. J. M. Fothergill writes as follows: "Look at the treatment of diarrhœa. How commonly is an astringent mixture, containing an opiate, prescribed, without further reflection? Of course, in a great many cases immediate effects are produced which are gratifying to the patient. Yet in a certain percentage of cases such a plan is not only not successful, but does harm; in those cases where there is an offending mass in the intestines, setting up a secretion to sweep it away, but where the secretion is set up too low for its removal there is a teasing diarrhœa, a persistent desire to go to stool, with small, ineffective motions, affording no relief. Here the ordinary diarrhœa mixture does harm; and what effect it has is to arrest a spontaneous reflex act, often of a beneficial character. The proper treatment is to administer a dose of castor oil, or better still, a scruple of rhubarb, in powder, by which secretion is set up above the offending mass, and it is swept away; after which diarrhœa ceases. The secondary action of rhubarb in constipating the bowels renders it the agent *par excellence* for the treatment of this form of diarrhœa. The astringent and opium treatment of diarrhœa is equally or still more out of place in those cases where there is a fecal mass lodged or accumulated in the rectum. Every surgeon who sees much of diseases of the rectum has instructive stories to tell of cases where the patient has consulted a large number of eminent physicians, without avail, for a persisting diarrhœa. The usual mixtures in great variety are prescribed, without effect; at last the persisting tenesmus drives the patient to a rectal surgeon, who, on examination, finds a solid mass in the bowel, around and past the sides of which the thin fecal motion passes. Here diarrhœa is the only possible means by which the bowels can be emptied; and it is fortunate that the astringent mixtures are inoperative to arrest this diarrhœa; else the patient's condition would indeed be a serious one. The mass is removed, and then the diarrhœa spontaneously ceases.—*Phil. Med. Reporter*.

MEASLES NOT A TRIVIAL DISEASE.

In view of the wide prevalence of measles at the present time, the following Report upon the Present Epidemic in Brooklyn and its Treat-

ment by the Board of Health, by J. H. Raymond, M.D., Sanitary Superintendent, printed in the Proceedings of the Kings County Society, will be found very valuable:

Since January 1, 1880, there have been 1,864 cases of measles reported to the Brooklyn Health Department. This is probably less than half the number which has actually occurred. During the same time there have been seventy-three deaths from the same disease, while during the entire year 1879 measles caused but forty deaths. Should the present rate of mortality continue throughout the year the record will show two hundred and forty deaths from measles for the twelve months of 1880. While measles has thus far caused eighty-two deaths, there have been but sixty-five deaths from scarlet fever.

It is a common impression that measles is a trivial disease which every child must have at some period of its life; that the younger he is the more mild the attack, and therefore the sooner he has it the better; that having once been attacked he is protected for the future; that if the disease is not contracted in the usual way, children should be taken to where the disease exists and exposed to it; that all attempts to isolate patients suffering from the affection, or to prevent their return to schools or other public assemblages as soon as they are able to go are harsh and arbitrary measures, and not based on good and sufficient reasons; and finally, that as the disease can only be conveyed by the sick person himself, there can be no danger from clothing, bedding, or other material which has been in the same room with the patient or upon his body, and therefore disinfection and fumigation of these articles, and of the rooms occupied by him during his illness, are useless and unnecessary.

This is, we are satisfied, the popular opinion, and we have reason to believe that some physicians hold the same views. One of these latter, a representative of the class, writes that he thinks measles is a disease that it is rather more desirable to have than to avoid, and he does not suppose that isolation of the patient is at all advisable. From practical local observation and careful investigation of the subject, together with the experience of Brooklyn physicians obtained from their answers to a series of questions sent them by the Board of Health and appended hereto, we believe that the general impressions already referred to are entirely erroneous, and, if permitted to go uncontradicted, liable to do great harm and injury even to the degree of sacrificing human life. Let us take up these points seriatim, and endeavor to ascertain how well founded in fact these popular impressions are:

1. IS MEASLES A TRIVIAL DISEASE?—Aitken, writing of measles, says: "In the year 1824 it was imported into Malta by some children

belonging to the Ninety-fifth Regiment, and spread extensively in that island, so that many natives died."

Percival says that in one epidemic one person died out of every forty who had the disease. Watson writes that in one year at the London Foundling Hospital one in ten died; at another time, one in three. Aitken summarizes the mortality by saying that "the aggregate of these data will give us an average of one death in fifteen. The prospects of recovery are better in the country than in the city, the records showing a greater mortality in the latter than in the former." Nor is the danger over when the patient has recovered from the measles itself.

Ernest Hart, speaking of measles and whooping cough, writes: "These diseases often cause a considerable mortality among children; not directly, but indirectly. They predispose to lung diseases, especially bronchitis and pneumonia, of which the children die."

Aitken says: "In strumous patients measles may end in the development of miliary tubercles in the lungs. . . . The cough often remains for weeks or months after desquamation is over, and grows worse from the most trifling causes. It may depend on simple bronchial catarrh or on severe disease of the lungs. The nature of that disease, however, is not always tuberculous, but more often a caseous transformation and disintegration of the products of lobular pneumonia, with caseous degeneration of the bronchial glands, one of the most common complications of measles. Croup sometimes supervenes and cuts off young patients. It tends to be of the asthenic type, and is not unfrequently preceded by diphtheritic inflammation of the fauces, which gradually passes down to the larynx."

The physicians of Brooklyn report fifty-four cases of measles which have been followed by diphtheria, some of them fatal from this cause. "Diarrhea is another danger to be encountered." . . . Aitken writes: "If suffered to continue the consequences may be fatal. Catarrhal ophthalmia, otorrhea, swelling of lymphatic glands, if the constitution be strumous, must also be watched for, and if possible prevented."

2. IS MEASLES A DISEASE WHICH ATTACKS A PERSON BUT ONCE?—On this subject Aitken says that as a general principle the patient is exempt from liability to a second attack, but he also adds that Burserius, Robedieu, Home, Bailie, Rayer, and Holland have all seen instances of a second attack of measles in the same individual. Ernest Hart writes that second attacks are not very uncommon, and third attacks are not unknown. Austin Flint, sr., says, "Well authenticated cases in which the disease (measles) has occurred three or even four times have been reported."

The experience of the Brooklyn physicians is very large, and their evidence in this matter,

obtained from the circulars before referred to, is very strong. They report that second attacks have occurred, *under their own observation*, in two hundred and ten instances, and third attacks in seven instances. This shows at once the folly of exposing children to the disease that they may "get it and have it over with," for in the first place there is a possibility of the disease itself proving fatal, or if the children recover from measles they may die from its sequelae, croup, or diphtheria, or diarrhea; and if they pass through all these dangers they may still have miliary tuberculosis, or some other pulmonary disease and die from that; but granting that complete recovery takes place, they are not protected from a second attack of the disease, or even from a third. But it is said that if it does occur a second time it is in a very mild form. This brings us to the third question:

3. ARE THE RECURRENCES OF MEASLES MODIFIED BY THE PREVIOUS ATTACKS?—One hundred and thirty Brooklyn physicians report that the second attacks have not in any degree been milder than the first, but have been unmodified by the previous ones; thirty-six report that the second attacks have been more severe than the first, and only thirty report the disease as modified in its recurrence. One physician reports a second attack after an interval of three years as ending in death.

4. IS MEASLES CONVEYED BY FOMITES?—This is, in a sanitary point of view, a most important question to decide. If it can not be so conveyed then there is no danger from the clothing of the patient, nor from the clothing of those who attend him in his sickness; nor can members of the family, or those living in the same dwelling, carry the disease to others; nor is there any necessity for disinfection or fumigation of these things after recovery; but if, on the contrary, the disease is propagated by fomites, all these precautions must be taken if we would prevent the spread of the disease. In other words, the same isolation, disinfection, and fumigation should be practiced for measles as in smallpox or scarlet fever.

On this point Niemeyer says: "From some very striking observations of Panum it has been proved that this contagion in the atmosphere can, without losing its activity, be carried for miles by the body and clothes of healthy persons who have been near a patient, and who are not themselves attacked by the disease. . . . The probability of infection during the prodromal stage is supported by the wonderful spread of measles through schools. Great care is usually taken to keep out of the school any children who have not gotten through the desquamative stage, as well as those having any suspicious exanthem; but children with catarrh and cough are allowed to sit on the seat with well children."

Aitken's testimony to the same effect is very

striking: "This disease is also propagated by fomites. The strictest demonstration of this fact is that the disease has been communicated by direct application of substances impregnated with the virus in the attempts to inoculate the disease. It is also proved by the fact that children's clothes, sent home in boxes from schools where the disease has raged, communicate the disease, and also by the same circumstance resulting when susceptible children have lain in the same bed or in the same room shortly after it has been occupied by patients suffering from the disease."

Hart, writing of measles and whooping-cough, says: "Like the other diseases of the same class they are eminently communicable by means of infected air and clothing," and he adds, "in the case of measles by means of the contagious discharges."

This opinion is very generally held by the best authorities. Charles Cameron writes of measles: "It is highly contagious, and the measures necessary to prevent the spreading of it are similar to those to be employed in the case of smallpox."

Eighty Brooklyn physicians believe it to be spread by fomites, thirty-six do not, while twenty are undecided. One physician writes: "I am confident that I conveyed the disease by my clothing to one of my children. I called to see a case of measles a couple of blocks from my house; came immediately home, and thoughtlessly picked up my little girl and placed her upon my lap before removing my overcoat. I dropped her in a few minutes with the remark that I had just been to a case of measles. In about eleven or twelve days the child was taken with measles. She had not been out of the house for a couple of months. There was no measles in the immediate neighborhood. She had not been in contact with any one having it, and I know of no other way she could have contracted the disease. Dr. C. informs me that he conveyed it to his child in the same manner."

5. IS MEASLES HIGHLY CONTAGIOUS?—Cameron says, "It is highly contagious." Hart speaks of it in the same terms. Aitken writes: Like scarlatina, measles is thus eminently communicable; and, in like manner, no susceptible person can remain in the same room, or even in the same house, with an infected person, without hazard of taking the disease. The infecting distance of this poison (that of measles) must be considerable. Indeed, it is often very difficult to isolate the disease in public schools or other large establishments where it sometimes appears."

Bristow declares that "Measles is one of the most virulently contagious of diseases. . . . The presence of a case of measles among a number of unprotected persons will, as a rule induce a more certain and widespread outbreak

of disease than either of the other exanthems would do under similar circumstances. Its contagiousness is fully developed at a very early stage, being at its height on the second if not on the first day, of invasion, and consequently before the specific nature of the attack is revealed. Hence the great difficulty, if not impossibility, of effectually preventing its spread in households and in schools."

Frederick Roberts writes: "Measles is decidedly infectious, especially when the eruption is out; and its contagium passes off abundantly in the exhalations of a patient, the air around being thus contaminated. It is also conveyed by fomites. Children have undoubtedly taken the disease from sleeping in a bed or room formerly occupied by a patient suffering from measles."

Austin Flint, sr., says: "Rubeola, like scarlatina or variola, is a communicable disease. The infectious miasm is not only received by those brought into close proximity to persons affected with the disease, but it may be transported to a distance by means of fomites. Persons contract the disease from the miasm adherent to the clothes of those who have recently visited rubeolous patients. Physicians may in this way diffuse the disease."

One hundred and thirty-nine Brooklyn physicians regard it as highly contagious, one as moderately contagious, while fifteen report it as not highly contagious. Sixty of these regard it as more contagious than scarlet fever, forty-six as less contagious, and forty-five as equally contagious.

In speaking of contagious diseases, measles included, Hart says: "All these diseases are propagated more than any where else at schools; and during epidemics the greatest precaution ought to be taken in sending children to schools, especially as there is every probability that some of these diseases, if not all of them, are contagious during the period of incubation."

In view of the facts that measles is at the present time epidemic in Brooklyn; that it has already in 1880, as stated above, caused seventy-three deaths, while during the whole of 1879 there were but forty deaths; that it is "one of the most virulently contagious of diseases" (Bristow); that "its contagiousness is fully developed at a very early stage of the disease, . . . before the specific nature of the attack is revealed" (Bristow); that it is conveyed by fomites; that "persons contract the disease from the miasm adherent to the clothes of those who have recently visited rubeolous patients" (Flint), or "from clothes sent home in boxes from schools where the disease has raged" (Aitken); "that no person can remain in the same room, or even in the same house, with an infected person without hazard of taking the disease" (Aitken); that one attack does not render a person non-susceptible; that the measures

necessary to prevent the spreading of it are similar to those to be employed in the case of smallpox" (Cameron); in view of all these facts, the Board of Health, under the Code of Sanitary Ordinances, directs the exclusion from school of all children living in a house where measles exists, and prohibits their return until the case is well and the premises fumigated with sulphur.

COCYGDYNIA.

By WILLIAM GOODELL, M.D., in the *Clinical News*.

The name coccygodynia is derived from coccyx and *ἰδύνη*, pain. The distinguishing symptom of this disease is a very sharp pain in and about the sacro-coccygeal joint. This pain is always evoked whenever pressure is made on the tip of the coccyx, or whenever motion is communicated to the bone itself.

Such movements, then, of the body as produce contraction of these muscles will cause acute pain in a diseased or an hyperæsthetic coccyx. Walking, therefore, very generally increases this pain, but above all do the acts of sitting down and of rising up. Since the anal sphincters take their origin from the tip of the coccyx, the pain is often most acute during the act of defecation. This fact often leads the practitioner astray, for he naturally attributes this symptom either to an angry pile, to an anal fissure, or to a prolapsed ovary. The diagnosis can be made out by catching the coccyx between the forefinger in the rectum and the thumb on the outside. Any movement communicated to it will then elicit very acute suffering.

This disease has often a traumatic origin, and it then can be traced up to some injury received by the coccyx. For instance, as woman advances in age the sacro coccygeal joint becomes ankylosed. Now if late in life she becomes pregnant the ankylosis must give way during the labor. I have more than once heard in labor this joint snap with a sound so loud as to be heard at some distance from the bed. Then again, even where no ankylosis exists, the anterior coccygeal ligament may be overstretched, and perhaps torn across, by the passage of a large head. In effect many women date their coccygodynia from some labor. But it is not from childbirth alone that the sacro-coccygeal articulation receives injury. One of the worst cases of this disease that I ever saw was brought about by a sudden fall. At a merry-making, some one in jest pulled away the chair on which the lady was about to sit, and she came violently down upon her seat. The origin in another of my cases was referred to the sudden jump of a horse on which my patient was riding. Sometimes the coccygodynia is merely a reflex symptom of some anal or some uterine lesion. I am, moreover, sure that this form of pain is often essentially neurotic—far

more so, indeed, than is generally supposed—and that the coccygeal joint is as liable to become hysterical as is the joint or the other articulations. Further, just as an hysterical joint will mimic all the tokens of some local injury, so will the hysterical coccygodynia. The diagnosis between the traumatic disease and the nerve disease—between the genuine lesion and its imitation—is not easy; sometimes very perplexing. I shall not soon forget a case of very acute local suffering, referred by the lady to injuries sustained in horseback exercise, which turned out to be hysterical, and eventually got well. Yet I was so imposed on as to decide upon the removal of the coccyx, and had even gone so far as to fix the day for the operation before this protean malady had revealed its true nature. The only way of making this important distinction is to note the irregularity of the pain in the hysterical affection, an indescribable affectation of suffering, and the lack of consistency in the behavior of the symptoms.

The treatment of this disorder will, of course, vary with the cause, which must always be looked for. The hysterical affection is best treated by rest, massage, and electricity, as will be explained in a future lesson on nervous exhaustion.

All anal and uterine lesions must be remedied. Should no good follow, local hypodermic injections of morphia or of carbolic acid may be tried; and so also may rectal suppositories of iodoform. Some cases will in time get well spontaneously. Then again there are others which resist all treatment, whether local or constitutional. In the latter the suffering may demand surgical interference. This can be afforded in two ways. By one, the coccyx is cut down upon and extirpated by the bone-forceps. By the other a tenotomy-knife is passed in near the tip of the coccyx and carried up to the articulation. It is then made to shave off from the bone all its muscular and tendinous attachments. Thomas recommends that whenever there is difficulty in performing subcutaneous tenotomy in this region, an incision be made down upon the coccyx. The exposed tip is then lifted by the finger, while the attachments are snipped off on every side by a curved pair of scissors. Very little bleeding attends any of these operations, but the first one is the most effectual.

POINTS IN THE SURGERY OF THE URINARY ORGANS WHICH EVERY PRACTITIONER OUGHT TO KNOW.

Mr. Teevan lately read a paper before the Harveian Society of London with the above title:

The first point he brought before the society was that retention of urine in children is always

caused by a stone unless there is some mechanical obstruction to the escape of urine, such as a contracted meatus or tight foreskin.

Second.—That incontinence of urine, which is diurnal as well as nocturnal, may be caused by a calculus impacted in the deeper portions of the urethra. He explained how it was that in one case a stone would give rise to retention and in the other to incontinence. When a calculus was at the meatus internus it was accurately and firmly embraced by the sphincter, so that no urine could escape. When, however, the stone advanced half an inch further forward it acted as a gag and prevented the sphincter from closing, so that the water dribbled away along the sinuosities in the calculus.

Third.—That incontinence of urine in boys may be caused by a congenitally-contracted meatus. If the urine could not escape freely in the act of micturition, reflex irritation was set up and dribbling took place.

Fourth.—That dribbling of urine in men signifies retention, not incontinence. He explained the apparent paradox, showing how in cases of enlarged prostate or stricture the patient always left some urine behind after each act of micturition, which gradually accumulated, the over-distended bladder not being able to contract on its contents, the action of the sphincter being still perfect. At last, however, the sphincter became weakened a little by the great pressure and leakage followed, so that urine was always dribbling away.

Fifth.—That if, when a catheter was passed in a man, the urine was expelled with great pain and violence, not only through the instrument, but in streams by its sides, there must be a calculus impacted in the deeper portion of the urethra.

Sixth.—That it is not possible to empty every man's bladder with a catheter, as the organ is sometimes sacculated.

Seventh.—That a gleet of more than six months' duration mean an incipient stricture.

Eighth.—Behind an enlarged prostate always suspect a stone, as there are in that complaint all the conditions present for the local formation of calculus.

Ninth.—If a man who complains of painful and frequent micturition is worse in the day than at night he most likely has a stone. Prostatic cases were much worse at night than in the day, whereas calculous patients were most comfortable while in bed, but when they moved about in the day they suffered greatly from the movements impressed in the stone.

Tenth.—When a man who complained of frequent and painful micturition was much worse when riding in a vehicle or on a horse, he most probably suffered from stone. The explanation in the former point applied exactly to this also.

Eleventh.—Before delivering a child see that the mother's bladder is empty.

Twelfth.—If a woman had retention of urine after childbirth she ought to be relieved with an elastic olivary catheter, the interior of which was completely filled by a bougie. For the want of this precaution the catheter often became plugged with mucus, and cystitis was set up by the nurse's ineffectual attempts to withdraw the urine.

THE TREATMENT OF HEMORRHOIDS.

Dr. F. P. Atkinson says in the *Practitioner*, August, 1879:—A good deal has of late been written with respect to the operative treatment of hemorrhoids, and I think in this way attention has perhaps been diverted from the use of topical applications. Of course local treatment by itself is of little use, inasmuch as, while the cause remains, any benefit that may be obtained can only be partial and temporary. As far as I can see, hemorrhoids are to be divided into three classes, namely, acute, subacute, and chronic, according to the symptoms and time that they have existed, and the treatment has to be adapted to the stage in which they are presented to our notice.

In the acute stage they are inflamed, of a dark red appearance, and give rise to a throbbing, burning pain, or like that which would be produced by the application of a red-hot coal. Mr. Biddle, a fellow-practitioner, tells me that in this stage the effect of calomel-dusting is something wonderful, and that relief is more quickly gained from this than anything with which he is acquainted. He considers that it acts in a twofold manner; namely, upon the liver, and at the same time as a local sedative. Sponging, also, with hot water gives a good deal of ease.

If this treatment prove inefficient, and the pain be very excessive, leeches may be applied to the anus, or an incision made into the centre of the swelling and the contents squeezed out.

In the subacute stage the feeling complained of is more that of weight and tension, though on going to stool the pain is often very acute.

To relieve the existing condition, the compound gall ointment or a solution of acetate of lead and opium should be freely and frequently applied, and an enema of cold water used after each action of the bowels.

In the chronic stage the best application is the common pitch ointment. For this useful piece of knowledge I am indebted to a Mr. Corbett, and he, it appears, got the hint from an old nurse by seeing her apply some tarred rope. Its astringent effect is something remarkable, and I know of nothing which acts so quickly and effectually.

The general treatment has to be directed toward altering the particular mode of living which has brought about the abnormal condi-

tion. Hence all luxurious and sedentary habits, hard riding, venereal excesses, the use of aloetic purgatives, should be forbidden; whilst the object of the *medicinal treatment* should be to keep the bowels freely relieved and lessen as much as possible portal congestion. Dr. Young, of Florence, wrote a paper in the *Practitioner* of January, 1878, upon the use of glycerine internally in these cases, but I do not think it has any specific action upon the hemorrhoids themselves. The improvement which he says takes place is, I fancy, in all probability, simply due to an increased action of the bowels which it produces. Confection of senna is a particularly useful, and by no means unpleasant, aperient in these cases. I would, however, rather suggest the use of a euonymin pill occasionally at night, with a dose of effervescent Carlsbad salts in the morning, as these have a direct effect upon the portal circulation. In conclusion, I would remark that I can not speak too strongly with regard to the effects of the pitch ointment, for I feel certain that the necessity for operative measures may often be prevented by its timely use, and I would recommend every one to give it a trial where the compound gall ointment is ineffectual.

IODOFORM IN OTORRHOEA.

ED. MED. AND SURG. REPORTER:—Chronic catarrh of the middle ear is notoriously obstinate in its course, yielding to no treatment ordinarily resorted to by the average practitioner of medicine. Having been disappointed in the results of treatment, even the manœuvres of the specialists—such as the judicious use of Politzer's bag; inflating the drum cavity at regular intervals; systematic catheterizing and vaporizing with iodine; dilating the Eustachian tube; and all the internal medication usually employed—I was recently impressed with the idea of trying iodoform locally, and am surprised with the good results. Cases rebellious to everything usually done in such conditions have improved rapidly.

The following is my mode of treatment:—

With a cotton carrier or any convenient instrument, and fine, clean cotton wool, thoroughly cleanse the external auditory canal, down to the membrana tympani, using, of course, delicateness of touch, so as to render no pain or reflex irritation of the upper air passage, causing cough, etc. Then apply the following powder every three days, or oftener if the case requires it, *i. e.*, if there is copious discharge of offensive pus—

R.	Iodoform,	3 ij.
	Tannic acid,	3 j.

Triturate very thoroughly, to an impalpable powder, and place a few grains of it in the end

of an annealed glass tube about six inches long and $\frac{1}{4}$ of an inch in diameter. Then, with the thumb and forefinger of the left hand, pull the auricle upward and backward, thereby straightening the external auditory canal, and insert the loaded end of the annealed tube therein, apply the mouth to the other end of the tube, and give a gentle puff, throwing a whirlwind of medicinal dust down the passage, through the opening in the drumhead, if there be one, and there usually is in these cases, back into the mastoid cells, down the Eustachian tube, and completely storming the whole mucous lining of the auditory apparatus, and in a better manner than can be effected in any other way.

If there is no perforation in the drumhead—which can be easily determined by causing the patient to forcibly try to expire with the mouth and nostrils firmly closed, when ordinarily the air will rush through the Eustachian tube and out through the perforated drum with much force, and accompanied by a sound audible at a distance of several feet, hissing or bubbling in character, whereby the condition of the parts can accurately be determined by an experienced ear, and will not be forgotten when once heard and recognized—then I introduce the loaded end of a glass tube into one of the nostrils, compress the wings of the nose closely around the tube, so as to completely prevent the exit of air, then ask the patient to swallow, closing the mouth, at the same time giving a puff at the other end of the tube as before, and there is no escape for medicated air, which, of necessity, is driven up the Eustachian tubes and thoroughly medicates the entire diseased surface. It may be better in some cases, if there is much irritation following this treatment, to substitute pure gum arabic for the tannic acid, thereby giving it a mucilaginous quality, and causing its adhesion and longer contact with the parts affected.

There is usually no unpleasant after effects, except the persistent offensive odor of the iodoform, which is greatly masked by the tannic acid. The iodoform is an anæsthetic and alterant, and promises to do more for this obstinate and important disease than anything yet devised, and is perfectly harmless. As to the danger of at once putting a stop to these long continued discharges, let me assure you that the danger lies in the opposite direction, *viz.*, of letting the malady progress until the bone becomes necrosed and the membranes of the brain become involved in the inflammatory process; then death is the usual result.

I hope you will not think me tedious in this article, and my only excuse for saying so much is the extreme frequency of the disease and the utter indifference with which very many of the practitioners of medicine treat it.

The reason the laity neglect these cases is, that the profession give so little attention to it, usually ignoring treatment entirely. If they do

not know how to treat it successfully, they should at least know the importance of advising treatment by one who does, as the affection is certainly worthy of the serious attention of all lovers of the healing art.—*Phil. Med. and Surg. Reporter.*

DELIRIUM TREMENS—TREATMENT OF.

Opium given in large and enormous doses, as was formerly the practice, was conclusively shown by Ware to be pernicious. Sleep is the desired object, but narcosis is not a substitute therefor. It is hazardous to induce the latter. But an opiate, in small or moderate doses, is often useful. A quarter of a grain of the sulphate of morphia every four or six hours, or an equivalent of codeia or some other preparation, is the safe limitation as regards dose and intervals. Alcohol is relied upon by many, but opposed by some on the ground of moral considerations. The latter are of little weight. The patient will not be likely to resume the habit which has caused the disease any the more because alcohol may have conduced to the recovery. In the treatment alcohol should be given in moderate quantity, and suspended when sleep occurs. It is indicated especially when the patient is much enfeebled, and the pulse denotes cardiac weakness. The inhalation of chloroform may be tried, especially when the delusions induce extreme terror or violence of delirium. It sometimes is useful, but more frequently it fails. The attempt to produce anesthesia is often resisted by the patient, and the violence of the delirium is thereby increased. The hydrate of chloral is more easily employed. It sometimes acts like a charm. Proper precautions are to be observed in the use of this remedy. The bromides may be given with much less reserve. They should be fairly tried. Their effect is sometimes excellent and sometimes *nil*. Digitalis is in some cases notably efficacious; it is indicated especially when the heart's action is frequent and weak. It is unnecessary to give this remedy in doses of from half an ounce to an ounce of the tincture, as may be done with safety; half an ounce of the infusion every two or three hours will secure all the benefit to be obtained from it. Antimony is suited to a certain class of cases, namely those in which the symptoms are violent, and the patient robust, and the action of the heart strong.—*Flint's Clinical Medicine; Western Lancet.*

TREATMENT OF LUMBAGO.

The best treatment in acute lumbago, at first, is the application of cut cups to the muscle or muscles affected, to be followed immediately by

narcotic fomentations in the shape of a bag of hops soaked in hot water, hot vinegar, or alcohol, and applied directly over the scarified parts. There are various stimulating and anodyne liniments which may also be used, as turpentine, ammonia, and camphor. Opium in the form of a ten grain Dover's powder, given early, relieves pain and produces diaphoresis. Atropia hypodermically (one eightieth of a grain) is valuable, but must not be given to nursing women. Morphia may also be given hypodermically (except in pregnancy), and these two remedies are usually the best in private practice when cut-cups cannot be used. Iodide of potassium, in doses of five to ten grains every three hours, gives very good results. Chronic lumbago is very stubborn. The most useful class of remedies are blisters, sinapisms, the actual cautery, etc. Local friction and *massage* conscientiously applied are often useful when counter-irritants fail. Tepid water may be applied, either in the shape of wet compresses kept in constant contact with the part, or in the form of a douche falling steadily upon the rheumatic muscles for some time from a height of eight to ten feet. The action of water, though slow, is a very permanent one. After the treatment by douche or by wet compresses the parts should be briskly rubbed with a coarse cloth or a skin brush, and then covered with cotton or wool or a piece of India-rubber cloth. The use of a metallic brush is sometimes advantageous, and finally tying the cloth over the lumbar regions and ironing them thoroughly two or three times every day, following this up with the application of some stimulating liniment, is often to be advised.—*Hosp. Gaz.*

SCIATICA—CHLOROFORM HYPODERMICALLY.

Dr. Besnier (*Lyons Med.*) thus formulates his treatment of sciatica, by subcutaneous injections of chloroform: "I can affirm that, with a good needle, a good syringe, and pure chloroform, we have no serious accidents to fear from this treatment, if we take the precautions to first introduce the needle alone; to pass it well through the skin, not simply into it; to see that the point of the needle does not prick the dermis far from the point of puncture; to notice that not a drop of blood comes from the latter, and then finally to adjust the filled syringe to the needle in place and make the injection. The needle being oiled, passes easily through the skin, without causing much pain, while the injection itself only gives rise to a slight burning sensation, which soon passes away even after the injection of a syringe of chloroform. I persist in believing that the accidents

which occur in these cases are due to the physician and not to the method. On the other hand, experience has demonstrated that chloroform advantageously takes the place of morphia in those who cannot support the latter, or who easily become addicted to its use. Certain cases of sciatica, to whom morphia had proved of no benefit, were quickly cured by chloroform. Others were only relieved, while others again were not at all helped. What are the precise indications for the use of chloroform? I cannot tell you.

"I make the first injection at the highest point; the next day lower down; the following day still lower. In some cases I make two or three injections the same day, which is equivalent to three or four grammes of chloroform. The dose may be gradually increased without danger. If after three or four days no result is obtained, this treatment had better be abandoned. In rebellious cases I proceed as follows: I inject an entire syringe-ful at the superior point, then a second near the great trochanter, a third near the head of the fibula, a fourth near the malleolus. I rarely have to repeat this many times."—*Detroit Lancet*.

QUINTUPLE BIRTH.

A woman living near New Glasgow, N. S., recently gave birth to five children, all of whom have, however, since died. Dr. P. D. Keyser, of this city, has exhibited to us a photograph of the quintuple babies lying side by side in their "little bed." The photograph was sent him by Dr. Hyde, of Truro, N. S., who stated that the children would probably have lived if they had had any chance. The parents were extremely poor, and lived six miles away from where any thing could be got for them. There was nothing in the house to even wrap them up in, and the doctor had to take the blind of the only window to make bandages.—*Phila. Med. Rep.*

THE DANGERS OF HABITUAL HEADACHE, AND OF INTELLECTUAL EXERTION OF THE EXHAUSTED BRAIN.

The following paper, by Dr. Treichler, of Bad Lenk-Bern, was read in the section of Psychiatry and Neurology, at the fifty-second meeting of the German Association of Natural Historians and Physicians, held at Baden-Baden, 1879. Pp. 234, 325 of *Tageblatt*.) Dr. Treichler says:—

According to my experience, habitual headache has considerably increased with boys and girls; it destroys much of the happiness and cheerfulness of life, produces anæmia and want of intellectual tone, and, what is worse, it reduces many a highly gifted and poetic soul to

the level of a discontented drudge. Although it is more difficult to collect precise statistical data on habitual headache than on myopia, yet the result of various investigations at Darmstadt, Paris, and Neuenberg, goes to prove that one-third of the pupils suffer from it. Undoubtedly the principal cause is intellectual over-exertion, entailing work at night, and the insisting by parents on the too earnest taking up of a variety of subjects—music amongst the rest.

The pathological anatomical changes in the worst cases of this unhealthy condition I consider to be a disturbance created by anæmia in the nutrition of the ganglion cells of the cortex of the cerebrum. It is well known that a badly nourished brain is much more quickly fatigued by intellectual exertion than a brain in normal condition, just as is the case with the muscles.

A second cause of habitual headache is a passive dilatation of the blood vessels of the brain also connected with serious disturbances of nutrition, whereby the perivascular space around the capillary vessels is contracted, and the getting rid of used-up matter greatly impeded. Modern pathology now looks on progressive paralysis, in its earliest stage, as a vasomotor disturbance of nutrition of the cortex of the cerebrum, in which the vessels of the pia-mater get into a palsied condition of dilatation, and we have degeneration of the cortex of the brain produced by stagnation of the current of lymph.

When the ganglionic cells begin to be diseased by senile atrophy, the memories and scientific problems of youth are still clear, and can be reproduced, while the same ganglionic cells can no longer comprehend and work at new though much simpler scientific problems, and while, with regard to a thing of yesterday, the memory is uncertain. From this we may draw the following conclusions:—

1. That what the ganglion cells, when in their full health and vigour, have grasped, remains; so that, after the lapse of half a century, and with the beginning of disease, it may still be reproduced.

2. That the ganglion cells, diseased by old age, are, in reference to the accomplishment of work, like greatly exhausted ones, and have lost the power of understanding and abidingly taking in new and difficult ideas. The ganglion cells, therefore, can only take in new ideas, as an intellectual acquisition, so long as they are powerful, are not exhausted, and are nourished with healthy blood. The boundary line is drawn here quite as exactly as is the quantum of nourishment for the stomach of an invalid.

3. That the constant addition of fresh subjects in the teaching programme, making night-work necessary for the pupil when the ganglion cells are already exhausted, entirely defeats its object of enriching the intellect, because new ideas cannot then be really grasped, and confusion is

produced as to what has been learnt in a day. The great object of the school, therefore—earnest intellectual discipline, and the formation of the desire for continuous cultivation of the mind—is thereby frustrated.

Confusion in the intellectual powers of an overwrought pupil and his final gain, must be the same as that which would occur in a counting-house, where there were only means for the despatch of 100 letters a day, the daily number requiring attention being from 130 to 150. Confusion in the transaction of business and decreased gains would be the result.

VIBURNUM PRUNIFOLIUM IN THREATENED ABORTION.

The following case is reported in the *Transactions* of the Medical Society of the State of Virginia for 1879, by Dr. H. M. Gamble:—

February 8th, of the present year, I was called to see Mrs. V., and found her suffering with regular uterine pains. Pregnancy advanced to seventh month, os uteri dilated to size of a quarter of a dollar, amniotic fluid escaping with each pain. The patient had been upset in a sleigh the day before, but suffered no particular inconvenience at the time. After waiting several hours and finding no progress was being made in the labor, but on the contrary, the interval between the pains growing wider, after administering an opiate, I left her with instructions to take a teaspoonful of the fluid ext. of viburnum prunifolium three times a day. I was informed by the husband afterward that she had decided pains repeatedly, with the usual symptoms of approaching labor, but that a dose of the medicine never failed to relieve her entirely. Certain it is that she went to full term, and I delivered her of a large, healthy female child, weighing about ten pounds, on the fourth of April.

Whether or not the remedy had anything to do with preventing miscarriage is impossible to say, and I only speak of the case in order that others may test its powers in that way. Its mode of action is entirely unknown, but as we have remedies which exert a decided power over the impregnated uterus, I see no reason why there may not be others whose action shall be inhibitory. At any rate, I think the subject deserves further investigation.

INDICATIONS FOR TURNING.

Dr. Inverardi, in *Annali di Ostetricia, Ginecologica, e Pediatria*, December, 1879, after describing a number of cases in which turning was performed, in the Maternity, at Turin, arrives at these conclusions. 1. The belief entertained by some that in shoulder presentations turning is always indicated, is erroneous. 2. Turning

is indicated, given the favorable conditions, such as complete dilatation, the membranes intact or only recently ruptured, the uterus presenting occasional intervals of relaxation, the pelvis not so contracted as to offer an excessive resistance to the passage of the fetal body, and especially of the head; and that the presentation is not fixed or wedged. 3. In cases of vertex or face presentation, wedging of the presenting part renders turning impossible. This is true, though in a less degree, in shoulder presentations. 4. When the uterus is contracted and insinuated round the fetus, the obstetrician must act differently, according as the fetus is dead or alive. If it be living, evolution may be favored by traction on the arm or other means which do not imperil the life of the fetus; greater confidence being placed in pelvic evolution since it has been shown to be easier, more frequent, and less dangerous to the mother than is generally believed. If this fail, embryotomy and the crotchet must be resorted to. If the fetus be dead, the sooner embryotomy is performed the better. 5. In dorso-posterior positions, in performing embryotomy, it is preferable to decapitate; in dorso-anterior positions, it is better to eviscerate and divide the vertebral column. 6. When delivery is impossible after the above measures, turning may be used as a last resource.

CHOICE OF PURGATIVES.

In amenorrhea the best are aloes and myrrh pills.

In dropsies, the compound jalap powder.

In sciatica, the compound colocynth pills, of the compound decoction of aloes.

In hemorrhoids, the confection of senna.

In biliousness, a blue pill, followed up by a dose of Epsom salts (the blue pill acts on the duodenum, and hurries the bile downwards, while the salts cause the other part of the bowel to contract, and so evacuate the bile before it is reabsorbed.)

If a purgative does not act, the rule should be to repeat it once, and then, if necessary, give a copious warm-water enema.

From all I can see, I would say the less we make use of purgatives the better. Nature knows her own work, and if we take regular mental and bodily exercise, eat and drink moderately, we shall find this as a rule quite sufficient for keeping us in sound good health, and also for preserving a *mens sana in corpore sano*.—DR. PAGE ATKINSON in *Edinburgh Medical Journal*; *Med. Brief*.

A little bicarbonate of soda, added to the water in which the hands are washed after applying plaster-of-paris bandages, immediately removes the plaster.—*Western Lancet*.

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

ASSISTANT EDITORS:

R. A. KENNEDY, M.A., M.D.

JAMES PERRIGO, M.D., M.R.C.S. Eng.

EDITOR OF PHARMACEUTICAL DEPARTMENT:

ALEX. H. KOLLMYER, M.A., M.D.

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MONTREAL, JULY, 1880.

TO OUR SUBSCRIBERS.

We are drawing rapidly toward the end of our eighth volume, and we therefore think we are entitled to the year's subscription. Will our subscribers look at the date on their address label? In this way every subscriber can tell at once the date to which his subscription is paid.

The tri-annual meeting of the College of Physicians and Surgeons of this Province, which met in Montreal on the 14th of July, was attended by a large number of members, and an unusual degree of interest was manifested in the result. The total vote polled was considerably less than that cast in 1877. This is accounted for, we think, by the fact that a very large number of the members were of the opinion that the payment of the annual subscription of 1880-81 was not a necessary prelude to their being allowed to vote. A very large number of proxies were useless simply because the subscription for this year was not paid. We think it was a pity that there should have been any doubt left in the matter, for the statement appeared in one Medical Journal, giving a very prominent member of the College as an authority, that it was not necessary to pay for this year to entitle to vote. There are many changes in the personnel of the Governors of the new Board. After the very bitter feeling existing between certain schools during the past two years we presume this was to have been expected, and, as both sides had ample time for preparation, the victory rested with those whose friends were the most numerous. We are glad, however, to notice that, in the flush of victory, no vindictiveness was shown when the election of officers came. Dr.

R. P. Howard, who was elected to the Presidential chair, simply received what was his due years ago, occupying as he has done, the vice-chair for, we believe, three terms. No one has worked harder for the College than he has done, and the fact that his election was unanimous, speaks well for the feeling towards him from, speaking in Parliamentary language, what we might call, both sides of the house. Dr. Lemieux was re-elected vice-president for Quebec, and Dr. Trudel vice-president for Montreal, thus placing men from each of the contending schools in leading positions. There was some talk of re-placing Dr. Larue, the Registrar, and Dr. Lachapelle, the Treasurer, but it was finally decided to re-appoint them. In Dr. Lachapelle the College has a treasurer in whom it can place the most implicit confidence, and a thorough gentleman. We think they did wise to re-appoint him. Dr. Larue has not been as successful in his office as we would have wished. This is, however, not due to Dr. Larue, whose kindness and courtesy is admitted by every one, but simply because the duties of the position have been beyond that which any man in practice can perform satisfactorily. To have displaced him, after the very strenuous exertions he has made to keep up with his duties, would not have been right. We are glad, therefore, that it was not done. Before another tri-annual meeting we hope to see the Act so amended that the College may appoint a Registrar who will be well paid, and who will devote his entire time to his duties. The re-election of Dr. Belleau as Secretary for Quebec was a foregone conclusion. It was unanimous. Dr. Belleau is a general favorite, and the College could not afford to do without his services. Dr. F. W. Campbell's election as Secretary for Quebec was done with a view of giving the English members a second official of their nationality, and was accepted by him after some persuasion on the part of his friends. We are glad to notice that Dr. Campbell got a committee appointed to suggest at the next meeting of the College at Quebec, in September, the best means to be adopted to protect the profession against unregistered practitioners. Dr. Campbell truly remarked that if the College expected the support of the profession, it must, without delay, take means to protect its members from the unlicensed practitioners throughout the country.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

This Society resuscitated ten years ago has progressed steadily, until to-day it embraces almost every English-speaking practitioner in the city of Montreal. It has met regularly every fortnight throughout the year in the Library of the Natural History Society, and although not much can be said against the rooms, yet not a few of the members felt that the Medical Society of the Metropolitan city of the Dominion of Canada should, in addition to having a name, have a local habitation of its own. For several years its retiring presidents have strongly urged this view, but for a considerable time the way did not seem clear. Last spring, however, matters seemed almost as it were to adapt themselves to the wants of the Society. Overtures were made to the proprietors of the Medical Hall on Phillips Square, who are shortly to remove to the corner of St. Catherine Street and Phillips Square, for a lease of the upper flat of the two buildings about to be occupied by them. In the most generous spirit it was met, and the result was a lease was signed, and the necessary alterations commenced under the direction of a committee, the chairman of which was Dr. F. W. Campbell. The suite of rooms compose a lecture hall, a library and a reading room, and a committee and smoking room. The lecture hall is capable of seating in comfortable arm chairs over eighty members. It is carpeted with fine Brussels carpet, and has two chandeliers, each with 4 gas burners. The windows are curtained in crimson, and when the hall is lighted, its appearance is cozy to a degree. The library contains a handsome book case, in which has been placed over a hundred volumes contributed by Dr. Fenwick, of Montreal. It is believed that before a great many years the library will assume large proportions. This room is also luxuriously furnished. It contains a large table, on which will be found twelve of the most important medical journals (the Society having subscribed for them), while comfortable arm chairs every where abound. The floor is covered with cord matting, a new style now much in use, and it gives the room a light and airy appearance. The committee and smoking room is just the addition that was wanted, and it promises to be

often patronized. The Society met for the first time in these rooms on the 27th of May last, and celebrated their opening in a quiet way. Dr. R. P. Howard, the President, occupied the chair, and made some appropriate introductory remarks. Dr. Mount, President of the *Société Médicale* (who was present by invitation), congratulated the Society upon its elegant apartments, and believed a good feeling did and always would exist between the two Medical Societies in Montreal. Dr. F. W. Campbell subsequently read a paper, which we will shortly publish. Dr. Hingston followed, giving the paper on "Certain Anæsthetics," which we published in our last number. Refreshments were subsequently served.

We congratulate the Society on the new start it has made. Montreal is at last beginning to show that she understands her duty. Before that duty is complete some of those who occupy advanced positions in the profession must cast aside their lethargy, put away their slippers, and take the place they should occupy in the Medico-Chirurgical Society of Montreal.

GRAND TRUNK DINING CARS.

Improvements in the style and method of conveying the public long distances have much more importance in a sanitary point of view than is generally supposed. A tedious night journey in a railway carriage previous to the introduction of sleeping cars left an effect upon the nervous system which took days to efface. This effect has been now reduced to a minimum by the luxurious Pullman Palace Cars, whose easy riding and noiseless motion renders travel in them most enjoyable. But the great bug-bear of long journeys is the horror of the Railway Eating House. "Ten minutes for refreshment" is altogether too short a time; no one can in this period thoroughly prepare—by mastication—food for gastric and intestinal digestion, sufficient for a meal. The result is, that the food is swallowed without preparation, and then ensue the usual train of symptoms, which indicate that the stomach rebels against such treatment. On many of the longer railways in the United States this difficulty has been met by having a dining car attached to the train, but till within the last two months

we have not had any such luxury on our Canadian lines. The Grand Trunk have, however, set a good example by now running a dining-car with each day express between Toronto and Montreal. The elegance of these cars are equal to anything similar on this continent, and the *cuisine* is under the direction of Mr. Potter, whose name is a household word in Montreal, standing as he does at the very head of his business. We have lately been able to practically experience the comfort attendant upon sitting quietly for three-quarters of an hour, taking dinner on one of these cars, while the train rattled along at the rate of thirty miles an hour. Compared to bolting cold apple or squash pie and scalding tea at a railway station, expecting every moment to hear "all aboard" sounding in your ears, which causes you to rush for the train, carrying the unfinished portion of your meal in your hand, it is indeed a luxury—not only a luxury, but a healthful change in the programme of railway travelling in Canada. Every one who travels should patronize them; other lines in Canada should adopt them—notably the Inter-colonial.

TRI-ANNUAL MEETING OF THE COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

This meeting was held at Montreal on the 14th of July, and was very largely attended. There was considerable excitement manifested concerning the election of Governors, and the result in many cases was a great surprise. We trust that the new board of Governors will, at the forthcoming meeting in September, decide upon some systematic means for the protection of the members of the College from the numerous quacks which infest especially our border towns. The total vote cast at the meeting was not equal to that of 1877. This is accounted for by the fact that a very large number of members have not paid for the current year 1880–81, which was due on the 1st of July, 1880. The number of proxies sacrificed on this score must have numbered several hundreds. The following gentlemen were elected officers and governors of the College for the next three years:—*President*,—R. P. Howard, M.D., Montreal. *Vice-Presidents*,—C. E. Lemieux, M.D.,

Quebec; E. H. Trudel, M.D., Montreal. *Secretaries*,—A. G. Belleau, M.D., Quebec; F. W. Campbell, M.D., Montreal. *Treasurer*,—E. P. Lachapelle, M.D., Montreal. *Registrar*,—Dr. L. LaRue, Quebec. *City of Quebec*,—Drs. J. A. Sewell, C. E. Lemieux, W. Marsden, A. G. Belleau, E. A. de St. George, L. Larue, C. S. Parke, R. F. Rinfret, sr. *District of Quebec*,—Drs. Jos. Marmette, Chs. Gingras, Hon. Theodore Robitaille, Alf. Simard, L. T. E. Rousseau, Come Rinfret, O. Bonin. *City of Montreal*,—Drs. A. H. David, F. W. Campbell, J. P. Rottot, E. P. Lachapelle, R. P. Howard, R. Craik, W. H. Hingston, E. H. Trudel, Edm. Robillard, T. A. Rodgers. *District of Montreal*,—Honble. L. R. Church, J. B. Gibson, N. H. Ladouceur, F. X. Perrault, Jules Prévost, Jos. Lanctot, L. D. Lafontaine, P. E. Mignault, E. Laberge. *District of Three Rivers*,—Honble. J. J. Ross, D. E. Desaulniers, E. Gervais. *District of St. Francis*,—F. J. Austin, E. Worthington, Thomas LaRue. *Assessors*: For Laval University (Quebec),—Drs. Marsden, P. Wells, Laval University (Montreal),—Drs. J. Reddy and Oliver Raymond. McGill University,—Drs. L. R. Church and P. E. Mignault. Bishop University,—Drs. Robillard and J. B. Gibson. Victoria University,—Drs. C. F. Patnachand, sr., and Angus Macdonell. After the election, Dr. Hingston proposed a resolution, which was seconded by Dr. Gibson, deprecating the action of individuals going to the Legislature with Bills affecting the profession, and advising that in future, before legislation should be asked for, the whole of the profession should be consulted as was the case in older countries. The motion was unanimously adopted.

LACTOPEPTINE.

We desire especially to draw the attention of the profession to *Lactopeptine*, as a remedy in cholera infantum, a disease undoubtedly of deranged digestion. The value of this remedy in the ordinary dyspepsia of adults is now an acknowledged fact, and its employment is therefore very great, but it is only within the past two seasons that it has been put on its trial in the diarrhoea of infantile life so common during our intense hot weather. Our own experience of it in this disease—fairly extensive—has been most gratifying, and we believe others in Mon-

treat have had similar results. The preparation we have used is that manufactured by the N.Y. Pharmacal Association, which is prepared for, and introduced solely to the Medical profession. They have lately made some improvements in its manufacture, the result of which is the production of a more elegant preparation.

PERSONAL.

Dr. Burke of Stanstead was on the 12th of June (the tenth anniversary of his marriage) presented by his patients and friends with a silver tea service.

Dr. Thomas Simpson, one of the physicians to the Montreal General Hospital, has been appointed Professor of Hygiene in Bishop's College Faculty of Medicine, *vice* Dr. Leprohon resigned.

Dr. Austin Flint, sr., of New York, was in Montreal early in July. His many admirers regret not being aware of his visit till he had gone.

REVIEWS.

The Microscope and Microscopical Technology: A Text-Book for Physicians and Students. By HEINRICH FREY, Professor of Medicine in the University of Zurich. Translated and Edited by George R. Cutter, M.D., Surgeon New York Eye and Ear Infirmary, etc. 388 Engravings on Wood. Second Edition. 8vo. Pp. 660. New York: Wm. Wood & Co. Montreal, Dawson Bros. Price, \$6.00.

This is a very complete work, perhaps the most complete of its kind yet published, and is worthy the attention not alone of those who contemplate being microscopists, but of all engaged in microscopic work. Its translation is said by those capable of judging to be exceedingly truthful, and that the text does not always read as smoothly as one might desire is said to be due to the necessity which existed to follow the German somewhat literally. This is especially noticeable in the minute description of microscopic objects, which occurs very constantly throughout the work. The volume is divided into twenty-two chapters, the first ten being devoted to what might be called "Preliminary work," all the more important, however, to understand what follows. One chapter is devoted to a brief description of various microscopes, but, as might be anticipated, little is said concerning those of English makers. The chapter on the theory of

microscopes is full of interest, and, being profusely illustrated by diagrams, will enable most people to thoroughly understand a subject which otherwise would be surrounded with not a few difficulties, and this notwithstanding the fact that the main features of it have formed a portion of our early education. The remaining chapters are full of interest to the Physiological student, being descriptive of the microscopic appearance and organization of the Blood, Lymph, Chyle, Mucus, Epithelium, Nails, Hair, Bones, Teeth, and the various other tissues of the body. Some additions have been made by the American translator (Dr. George R. Cutler of New York), and these are enclosed within brackets. They help to make the work more complete.

Paracentesis of the Pericardium. A consideration of the Surgical Treatment of Pericardial effusions. BY JOHN B. ROBERTS, A.M., M.D., Lecturer on Anatomy in the Philadelphia School of Anatomy, with illustrations: Philadelphia, J. P. Lippincott & Co. Montreal, Dawson Bros., 1879.

This is a really very able and interesting monograph, upon a subject which is, perhaps, not as fully treated as it might be, even in works upon diseases of the heart. It is well written, and the arrangement is deserving of much praise. The first chapter is taken up with a description of the various causes and conditions which lead to effusions within the pericardial sac during the life. The symptoms, physical and otherwise, of the disease are considered in the second chapter, and the third chapter is devoted to treatment—which is divided into Medical and Surgical. Dr. Roberts says that if the Medical treatment does not produce absorption, paracentesis must be adopted, and the distended sac relieved. He describes various methods of operating, and gives a table showing the most encouraging results. We cannot too strongly recommend this little work of Dr. Roberts.

"*Lucie Rodey*," a *Society Novel*, by HENRY GREVILLE, is published this day by T. B. Peterson & Brothers, Philadelphia.

All lovers of a good novel should get "*Lucie Rodey*" at once, as well as all other novels of Henry Greville as fast as they are issued, as no French authoress of to-day equals her in power

and interest. She never wrote a novel that was not excellent, and she has written several that prove her genius and art. With all she is versatile, and each work not only differs from those which preceded it in plot, incident and treatment, but marks a steady advance to that position of world-wide renown which is very certain to be assigned her. The character drawing in "Lucie Rodey" are marvellous in breadth and analyzation, and gives proof of rare artistic skill, while the most delicious fancies, expressed in graceful, poetical and vigorous language, render the author's style incomparably charming. Edmond About has just written a novel to prove the existence of domestic virtues in France, and Americans who, as a rule, know little of France, outside of Paris, are apt to deny the possibility of such—let them, therefore, read "Lucie Rodey," in which they will find the wife and mother "faithful unto death," though exposed to trials and temptations. "Lucie Rodey," teaches a lesson, which will be felt even by those who read it with breathless interest merely for the sake of the story. "Lucie Rodey" is published in a large square duodecimo volume, paper cover, price 50 cents, in uniform style with Peterson's editions of "Dosia," "Saveli's Expiation," "Marrying off a Daughter," "Philomene's Marriages," "Pretty Little Countess Zina," "Sonia," "Gabrielle," and "A Friend," by Henry Greville, and will be found for sale by all Booksellers and News Agents, and on all Railroad Trains, or copies of it will be sent to any one, to any place, at once, on their remitting the price in a letter to the publishers, T. B. Peterson & Brothers, Philadelphia, Pa.

PHARMACEUTICAL ASSOCIATION OF THE PROVINCE OF QUEBEC.

The tenth annual meeting of the Pharmaceutical Association of the Province of Quebec was held in Laval University, Quebec, on Tuesday, 8th June, 1880. Alex. Manson, Esq., President, was in the chair.

The minutes of the last annual meeting being read and confirmed, the President delivered the customary address, an able document, which was well received by the members.

The Registrar then read the annual report of the council, and also the treasurer's financial statement. Mention was made in the report of

the action of the council in the case of a druggist who, although not a licentiate of the association, persisted in conducting a pharmacy in Montreal.

After every opportunity had been given him of disposing of the store, or making other arrangements, the council was compelled to take proceedings against him. This was done, and a conviction obtained against him before the police magistrate for \$5 and costs, or ten days' imprisonment. Still he persisted in breaking the law, when further proceedings were taken and another conviction obtained, and the same penalty imposed. This time, however, his counsel advised him to appeal to the Superior Court on a writ of certiorari. He did so, but the certiorari was dismissed, and the decision of the magistrate therefore maintained. Further proceedings are now in progress, but it is hoped he will not put the council to the painful necessity of bringing him before the court again.

The number of licentiates on the register at the present time is 108, of certified clerks 35, and of apprentices 66.

The Board of Examiners held their usual annual examination in Montreal in April last, when five gentlemen presented themselves for the major examination and seven for the minor. Of this number four passed the major and three the minor.

The financial statement having been read by the Treasurer, Mr. Kerry, and laid on the table for inspection, was examined and found correct by the Auditors.

The election of Council was then proceeded with, and the following gentlemen were declared duly elected; Messrs. H. R. Gray, Hy. Lyman, Jno. Kerry, H. F. Jackson, W. E. Brunet, J. D. L. Ambrosse, R. McLeod, and J. A. Harte. They, with the following gentlemen, who remained in office by rotation, viz: Messrs. E. Giroux, A. Manson, E. Muir, and W. A. Dyer, will constitute the Council for the present year. Messrs. D. Watson and R. Dugal were elected Auditors.

At a subsequent meeting of the newly-elected council, held on Tuesday, 15th June, the following were duly elected officers of the Association, and members of the Board of Examiners:

President.—Alex. Manson; *Vice-Presidents*.—H. F. Jackson, R. McLeod; *Treasurer*.—Jno. Kerry; *Registrar*.—N. Mercer.

Board of Examiners, A. Manson, H. F. Jackson, H. R. Gray, R. McLeod, J. D. L. Ambrosse, J. B. Martel, N. Mercer.

THE CANADA MEDICAL RECORD.

VOL. VIII.

MONTREAL, AUGUST, 1880

No. 11.

CONTENTS.

ORIGINAL COMMUNICATIONS.

PAGE
Ovariectomy—Recovery, by Dr. Wilkins, Professor of Physiology, University of Bishop's College. 277

PROGRESS OF MEDICAL SCIENCE

Hager's Digestive Pellets (*Globuli peptici*), 279—Iodide of Potassium, 279—Convulsions in Children, by A. A. Smith, M.D., 280—Sleeplessness from Thought, 287—Treatment for Stammering, 288—The Origin of the Stethoscope, 288—Ergot in Congestive Dysmenorrhoea, 289—An Emetic for Infants, 289—A New Remedy for Epilepsy, 289—Double Pneumonia and Abortion, 289—Dextro-Quinine in Periodical Hemicrania, by C. A.

PAGE
Bryce, M.D., 290—Sympathetic Nervous Cough of Pregnancy, 290—Treatment of Phagedenic Chancres, by Mr. Jonathan Hutchinson, 291—Vaseline as a Base for Ointments, 291—A Simple Method of Evacuating Small Calculi, 291—Removal of Moles (*Nævus*), 291—Treatment of Hemorrhoids, 291—To prevent Headache from Tincture of Iron, 291—Iodoform in Chronic Arthritis, 291—Hoarseness—Borax and Nitrate of Potassium, 292—Administration of Castor Oil, 292—Treatment of Pneumonia, 292—The Treatment of Pulmonary Hemorrhage, 292—A Clinical Lecture on Amenorrhoea and Dysmenorrhoea, by Wm. Goodell, M.D., 293—Digestion and Absorption in the Large Intestine,

PAGE
294—A Perfect Solution of Salicylic Acid, 295—Necessity of Providing Children with Water to Drink, 296—Pill Varnish (Hager), 296—Treatment of Barber's Itch, 296—Prompt Renewals, 296—Creasote and Phthisis, 296—Calomel, 296—Ice in Croup, 297—Suggestion for Treating Swollen Fingers, 297—Villate's Mixture in the Treatment of Sinuses, 297—Aristocratic Remedy for Itch, 298—Filling Teeth after Extraction—Replacement in Alveolar Cavities. Successful..... 298

EDITORIAL.

Canada Medical Association, 298—College of Physicians and Surgeons of Quebec, 298—Clorinda, 298—Personal, 299—Reviews..... 299

Original Communications.

MONTREAL GENERAL HOSPITAL.

OVARIOTOMY—RECOVERY.

By DR. WILKINS, Professor of Physiology, University of Bishop's College.

HISTORY.—Catherine B. McM., widow, aged 60, dressmaker, was first admitted into Hospital under my care on the 19th September, 1877. She has been pregnant ten times, has had two miscarriages, and also has had ten children in eight pregnancies (twins twice). Menstruation was always regular, commenced when she was fourteen years of age and lasted until she was forty-five, the menstrual flow lasting six or seven days. Since the birth of last child, twenty years ago, she says she noticed a lump in left side, but it is only within a year previous to her first entering hospital that it pained her, since which time it has grown very rapidly, so much so that respiration and progression were rendered very difficult. During the whole of this time she has had pain on defecation.

SYMPTOMS ON ADMISSION.—The abdomen is tense, and measures at its greatest circumference thirty-nine inches. A large hard mass can be felt occupying the lower part of abdominal cavity; a little to the left of this mass a cyst can be felt containing fluid. Per vaginam a semi-

fluctuating immoveable mass can be felt. Sound enters uterus three inches, passing directly forward. She suffers very much from frequency of micturition.

On consultation with other members of the Hospital staff, taking into consideration the rapid growth of the tumor latterly, and risk consequent in performing ovariectomy in a general hospital, it was considered advisable not to attempt to remove the tumor, but simply to relieve symptoms by paracentesis. Forty ounces of a dark grumous fluid were removed, affording very considerable relief to the patient, and in a few days she was dismissed.

About seven or eight months subsequent to her dismissal from Hospital she again consulted me, begging me to operate, no matter what the consequences might be, as she could not exist long in the condition in which she then was. She had a very haggard appearance, was very much wasted, and appeared to be suffering agony. I placed before her the extreme danger there was in such operations being performed in a general hospital. Notwithstanding this she still persisted in her request no matter what the consequences might be.

At my request the Committee of Management of the Hospital very kindly placed a private ward at my disposal. I had it thoroughly renovated, the floor and other woodwork washed

with carbolic soap, and the walls all freshly tinted.

Patient was readmitted into hospital on the thirty-first of May, 1878. She says she had been confined to bed ever since last September. Last November there was great anasarca of both legs. She suffers from frequent micturition, being obliged to make water about every hour; sometimes, on the other hand, she has retention of urine. She is prevented from resting well at night on account of the severe pains over the seat of the tumor.

MEASUREMENTS.

Greatest measurement around abdomen.....	42 inches.
From right spine of ilium to umbilicus	9 "
From left.....	9 $\frac{3}{4}$ "
" Ensiform cartilage.....	7 "
" Symphysis pubis.....	7 $\frac{1}{2}$ "

HEART.—Apex beat by inspection not perceptible; by palpation, feeble but in the normal position; by auscultation, sounds all normal.

LUNGS, by inspection, expansion seems good; by auscultation, in both subclavicular regions, slight mucus rales are to be heard. Percussion sounds normal. Superficial veins of chest are enlarged.

LIVER, dulness normal. Umbilicus completely obliterated. Veins of abdomen enlarged. Ensiform cartilage considerably everted.

A large hard mass can be felt in the right lumbar and adjoining portion of umbilical region; immediately to the left, outlines of two cysts can be plainly seen, one apparently the size of an orange. Fluctuation was very marked at both sides of abdomen as well as in these two cysts. There was considerable tenderness in the region of the cysts.

Patient kept under observation for three days; her temperature, pulse, amount of urine and of urea excreted per diem were all ascertained. Her urine was also tested for albumen and for sugar, neither of which were present. The day previous to the operation her bowels were freely moved by the administration of castor oil, and on the morning of the operation an enema was given completely emptying the bowels. Her diet for the three days previous to operating was limited to milk and beef tea, omitting the latter on the day previous to the operation.

June the 4th, I proceeded to operate with the

assistance of Dr. Roddick. Patient was put under the influence of ether. A large rubber sheet with an oval opening in the centre, 8 x 6, was smeared around the edges of the opening with adhesive plaster; these edges were caused to adhere to patient's abdomen, the lower edge of the opening being adherent just above the pubis, and the upper edge about two inches above umbilicus. The exposed part of the abdomen was washed with solution of carbolic acid and the spray of two Lister's apparatus placed opposite one another, directed over this part of the abdomen. Both sprays were kept working until the completion of the operation. An incision was made in the median line, commencing about an inch below umbilicus, and continued downwards until within about two inches of symphysis pubis. The different layers of the abdominal wall were cautiously divided until the peritoneum was reached, when it was divided on a director, and the walls of the cysts came into view.

As soon as the peritoneum was divided a very large quantity of ascitic fluid escaped, in all about eighty ounces. On introducing the hand into the abdominal cavity, the cyst was found to be adherent at the sides to the peritoneum, and above to the mesentery and portions of the small intestine. Adhesions to the intestine were of older date, and some of them so firm that it was impossible to separate them, in which case the cysts were emptied and the adherent portion of the walls left attached to the intestine. The walls of some of the cysts were so very thin that in manipulating with the tumor before removal they were unavoidably ruptured, the fluid escaping into the abdominal cavity. Flannels wrung out of hot water were used to protect the bowels when much exposed. After the adhesions were separated—a very slow proceeding—the pedicle was clamped, the peritoneal cavity sponged out with carbolic acid lotion. The right ovary was found to be perfectly normal. The edges of the opening were now brought together, the pedicle being secured outside. Antiseptic dressings were applied, and the patient put to bed. Hot water bottles were applied to her feet, a morphia suppository introduced into rectum, and she was immediately placed on full doses of opium.

For the first five days after the operation the catheter was passed every six hours.

Immediately after the operation the temperature was $96^{\circ}.8$, the pulse 92; three hours later, the temperature became normal, and did not begin to rise above normal until midnight, when it reached $100^{\circ}.4$ (pulse 104), falling again next morning to normal (pulse 84). At mid-day temperature reached 101° (pulse 112), its highest point. From this time forward both temperature and pulse approached the normal, the temperature becoming so on the second day after the operation, the pulse being much more tardy in regaining its normal frequency. The amount of urine secreted during the three days preceding the operation averaged daily twenty-four ounces, sp. gr. 1009, average percentage of urea .005. The three days following operation average amount of urine secreted was thirteen ounces, the percentage of urea being for the same days .02, .029, and .0185, after which it rapidly diminished, averaging for the six following days .015, the amount of urine being at least double, one day twenty-eight ounces, the next thirty-four, and the following day twenty-six ounces. The tumor is multilocular cystic, and when the larger cysts were emptied weighed seventy-two ounces; when examined under the microscope, the walls of the cysts were found to consist almost entirely of connective tissue, having the layer next the fluid in the cyst lined with cylindrical epithelium, some of the cells assuming more of a goblet shape. The contents of the cysts were of a very varied character, dependent apparently on their size, the smaller ones containing a gelatinous fluid, whilst the larger ones contained fluid which appeared to differ very little from ascitic fluid.

There are two or three points in connection with this particular operation to which I wish to draw attention: In the first place, with respect to performing this operation in a general hospital. Almost all who have written on the subject say that it should not be performed in a general hospital, because of the greater mortality in those cases, due either to peritonitis or septacæmia. There are, no doubt, grave objections, but these have been overcome by the isolation of the patient in a ward which had just been thoroughly renovated, and more especially by the use of the antiseptic spray. In this case I think a matter of some importance is the form of antiseptic fluid, that which I used being absolute Phenol, which was then used for the first

time in the Hospital. It is much less irritating than carbolic acid, and consequently more valuable where the serous membranes are exposed.

Another manner in which I believe the spray to have proved useful, aside from all consideration of Germ theory, is the fact that when one of the cysts was accidentally ruptured, allowing its irritating contents to escape into the abdominal cavity, the serous membrane was less susceptible to irritative action through its previous bathing in the antiseptic fluid. The contents of ovarian cysts, especially after being once tapped, are of such an irritative character that, when escaping into the abdominal cavity, are a frequent cause of peritonitis, one of the commonest causes of death after this operation.

Progress of Medical Science.

HAGER'S DIGESTIVE PELLETS (*Globuli peptici*).

Dr. Herman Hager recommends the following compound as an excellent digestive, to be taken after a hardy meal:

Cinchonidia sulphate.....	5.0 gm.
Pepsin (<i>not saccharated</i>).....	30.0 "
Ginger, powd.....	3.0 "
Cardamoms, powd.....	3.0 "
Pimento, powd.....	3.0 "
Gentian root, powd.....	6.0 "
Althæa root, powd.....	6.0 "
Tragacanth, powd.....	6.0 "
Mix and add to them a mixture of	
Glycerin.....	10.0 "
Hydrochloric acid.....	6.0 "
Water.....	6.0 "

Make into 300 (to 360) pills or globules, dry them in the open air for about 10 hours, and cover them with pill-varnish (see page 296)—These pellets are useful either after a hearty meal, or defective appetite or digestion.

In the former case, according to the degree of "fulness" felt, 4-5 or at most 6 pellets are taken, which, in the course of one hour, will cause the sensation to disappear. In defective appetite 1 to 2 pellets may be taken two or three times before the meal in intervals of one hour, and immediately after the meal 3-4 pellets. Children may take 1 to 2. In gastric disturbances one pellet may be taken every 30 minutes or every hour, best with water a little.—*Pharm. Centralt.*, 1880, 37.

IODIDE OF POTASSIUM is decomposed by all acids and acidulous salts, except cream of tartar. Most of the metallic salts decompose it. If iodide of potassium and spirit of nitrous ether

are ordered in a mixture, the latter must be carefully neutralized before it is used.

CONVULSIONS IN CHILDREN.

By A. A. SMITH, M.D., Prof. Mat. Med. and Therapeutics, and Clinical Medicine in the Bellevue Hospital Medical College, New York.

It is not my intention to undertake an exhaustive discussion of the subject of convulsions in children, but rather to call attention to a few practical points; nor have I chosen the subject "Infantile Convulsions," as my remarks will apply to both infants and older children. In going over the literature of the subject, I have been struck by a statement made by most authors, that convulsions in children not dependent on organic disease of the brain are rarely ever serious. Certainly such a statement is calculated to mislead particularly the young practitioner, and put him off his guard; and especially will he be off his guard if he happen to have seen several cases of convulsions in which there was but one convulsion, and the child recovered rapidly, and there were no bad sequelæ. If we admit that only one case in a hundred *may* be dangerous, then the statement I have referred to must at least be modified. *Any* case of convulsions may be dangerous, and we should, therefore, always be on our guard for that one case, to study all cases carefully, and be reserved in our prognosis.

The age at which children are most apt to develop convulsions is perhaps still a disputed question, but it is probably the period of dentition—from 6 to 28 months. It is not alone because dentition is occurring at this period, but in addition there are other active processes of development going on. The nervous system of the child is much more impressible than that of the adult, and during this dentition period is developing very rapidly, perhaps more so than at any other period; unless we except the period of puberty, and even this exception is doubtful. Some children are much more liable to develop convulsions than others, and, even in the same family, sometimes one child from a slight cause will have a convulsion, while another will have comparatively little disturbance of the nervous system from much more severe causes. Usually, however, the tendency to disturbance of the nervous system runs in families, affecting one in one way, and another in an entirely different way. When I see a child capable of having an elevation of temperature as great as 105° F. from an attack of indigestion, even though no convulsion occur, I feel quite certain that the nervous system of that child is very susceptible to slight influences, and I always try to be especially watchful of it in any illness, for fear that a more severe cause may produce a very stormy outburst. If there is a general cause in families for this tendency to

disturbances of the nervous system, we must look for it back of the children. In other words, inherited tendencies play an important part in the etiology. It is more than probable that the unknown and unexplained predisposition to convulsions in some children is given them by their parents, and in the majority of the cases by the mother. The tendency to transmit "nervousness," as it is called, is easily recognized. Only a few days ago, a young mother said to me, "it is no wonder my baby is so nervous and sensitive, for when I was carrying her, I was a bundle of nerves. I was unable to sleep sometimes because of nervousness, and frequently I have arisen in the night to wash my hands and face, which seemed always to soothe me." Could not something have been done during pregnancy to lessen, to a certain extent at least, the nervous sensitiveness of the child? Under the head of treatment, I shall refer to this question again.

Another interesting question suggests itself just here, in connection with the view held by many good observers that diseases of the nervous system are greatly on the increase among Americans. If these diseases are on the increase, and if the view is a correct one that the predisposition to convulsions is transmitted to children by their parents, then the subject of convulsions in children becomes one of still greater importance to us, as American physicians, than it has ever been before.

In some cases of convulsions in children, it is possible to trace a history of convulsions in the childhood of the mother. This I have been able to do in a few cases which have come under my observation. The statistics on this point are very meagre, and are only sufficient to strengthen slightly the argument for the transmissibility of the tendency.

The question as to whether puerperal convulsions create a tendency to convulsion in the child is one that has been considerably discussed. The weight of opinion is, that puerperal convulsions do not leave a permanent tendency to convulsions in the child. If the convulsions in the mother are uremic, the same poison may produce convulsions in the child the first few days after birth, but not later.

It is a well-established fact that children with the rickety diathesis are very susceptible to the influences which produce convulsions. This is a point of great practical importance, as I shall endeavor to show when I come to consider the treatment. All observers agree that in a certain proportion of cases rickets may be traced, but Gee makes the proportion the largest of any. Out of 61 cases of convulsions, he found rickets in 56 of them, certainly a proportion sufficiently large to make the few remaining cases the exceptions to a rule. His observations, however, were all made among the children of the poor.

The subject of the feeding of children seems

to be a vexed one. Young children no doubt suffer from many of their illnesses because of injudicious feeding. If one is called to a child suffering from a convulsion, which has developed soon after eating, naturally he will presume that the convulsion has something to do with the condition of the stomach, although this diagnosis will not always be correct. If, with this presumption, the nurse boasts that the child has eaten particularly well at his last meal, an emetic will probably reveal the immediate exciting cause when the child gets rid, by vomiting, of a large quantity of food, and a great mixture as to quality.

Overfeeding undoubtedly often produces convulsions, and I repeat, such convulsions may be serious. Is it not a serious matter, when we see that, in a post-mortem examination of a child who had died during a convulsion, nothing was found to account for the death except a very full stomach? I have found the reports of quite a number of such cases.

Unwise feeding, too, often results in convulsions. Any diet which produces indigestion in the child may be the exciting cause of convulsions. The habit of giving starchy food too early, and likewise animal food, is a pernicious one. The giving to young children a little of everything, as is often done, is calculated to do mischief. In a large proportion of cases of convulsions in children, not dependent upon organic disease of the brain or spinal cord, the exciting cause may be found in some error in diet; and even in cases of organic disease, the exciting cause may often be found in an attack of disturbance of digestion. Malarial poison is accountable for convulsions sometimes. During the fall of 1872, I had the opportunity of seeing many cases of malaria in one form and another in the practice of Drs. Lente and Murdock at Cold Spring. It was not at all uncommon to be called to see a child somewhere under three years of age suffering from convulsions, which were considered to be due to malarial poison. As, in relating the histories of some of these cases to medical friends, some doubt was expressed as to the diagnosis, it may not be out of place to give some of the reasons for such diagnosis. If a child has a paroxysm of intermittent fever—chill, fever and perspiration—every day for four days; on the fifth day, at the time the chill ought to occur, the child is seized with a violent convulsion, perhaps several in succession, followed by fever and perspiration, and the same again on the sixth day, it is fair to presume the convulsions were due to malarial poison, and that the convulsion has merely taken the place of a chill. If there be no return of the convulsions or chills, after the child has had given it full doses of quinine, the presumption becomes still stronger. If the quinine be stopped, and after a time the paroxysms return along with the convulsions, and

then again these symptoms all disappear quickly under the influence of the quinine, the presumption becomes as near a certainty as anything in medicine. I observed such a sequence of events time and again, during my two months' stay at Cold Spring. I ought to say that, in some portions of the village, the atmosphere seemed very highly charged with malarial poison, and when we were called to see patients in those quarters, we almost took it for granted the convulsions were due to malaria. I find very little in the books on malarial poison as a cause of convulsions in children, and where it is referred to, it is spoken of as indicating the pernicious form. The cases I saw at Cold Spring were apparently all of the simple form, at least they all recovered. It is not alone in malaria that a convulsion takes the place of the chill, for one frequently sees this at the ushering in of pneumonia. At the beginning of certain acute diseases, not usually ushered in by a chill, we sometimes find a convulsion occurring: scarlet fever, measles, small-pox, diphtheria, etc. It is still a question what it is which produces the convulsion in these diseases; whether the special poison itself, or the high temperature, or possibly the sudden hyperemia of the brain which is thought by some to occur. May it not be that, in all these cases, there is that pre-existing and unexplained tendency to convulsions which I have referred to? Convulsions occurring at the beginning of diseases need not usually be regarded as dangerous. Sydenham thought that a convulsion at the beginning of an exanthem indicated that the attack would be mild; but in the majority of cases now, where convulsions usher in the attack, the disease is severe.

A convulsion occurring in the course of an acute disease, particularly if it occurs toward the close of it, is a grave symptom, and should lead us to make an unfavorable prognosis. It should not be forgotten that, in the child as in the adult, a convulsion may be due to uremic poisoning; and the prognosis in such a case will, of course, be based to a certain extent upon the amount of renal disease present. In the course of whooping-cough, a convulsion is an especially grave symptom if it is a complication of the whooping-cough, and is not dependent upon dentition or some disturbance in the alimentary canal. Convulsions in whooping-cough are thought to be due, in some cases, to direct irritation of the membranes of the brain and medulla oblongata, and in others to congestion of the brain, dependent mainly on interference with the pulmonary circulation. The most dangerous convulsions in children are those which in their course affect especially the respiratory system, and which, by their frequency, keep the child in an almost comatose condition.

Does syphilis ever produce convulsions in

children? Cases have been recorded in which post-mortem examination of children dead of convulsion have been made, and gummy tumors found within the calvarium. We have seen that, in a large proportion of cases of convulsions, the rickety diathesis existed. Many continental and some English physicians believe that rickets is but another phase of syphilis. I have found some recorded cases of unmistakable evidences of congenital syphilis, in which convulsions occurred during the first three months of life. During my term of service as an interne in Bellevue Hospital I saw a case of this kind. A woman was confined under my care, who had had syphilis five years before. The child, a male, had evidences of syphilis when he was seven days old. When he was fifteen days old, he had his first convulsion, and during the following ten days he had a number of them, some days having three. He was put upon anti-syphilitic treatment (inunctions of mercurials), with but little hope of his surviving. He did, however, and improved very rapidly, so that when he was twenty-five days old his convulsions ceased; and when he left the hospital, at five weeks of age, he gave evidences of development which were encouraging. He was not allowed to nurse the mother, but was put upon hospital milk. After the mother left the hospital she kept up the inunctions. I saw the mother again when the child was five months of age, and she said he was an exceptionally fine and healthy-looking child.

Many observers believe that the child *in utero* may have convulsions, and that many of the deformities, such as paralyzes, club-feet, etc., are due to convulsions *in utero*. The opinion can only be based on theory, as the evidence is not clear that any one has ever diagnosed the disease *in utero*.

We are often, while attending a child with convulsion, asked the question by anxious parents: "Is the child more apt to have further convulsions, having had them once; and are they likely to leave any permanent disturbance? Like most questions, this one is more easily asked than answered. If there is clear evidence of some direct source of irritation, and we can remove it, we hope the child will remain free from convulsions in all the future; but we cannot always say that such will be the case. Nervous excitability, which shows itself in a tendency to develop convulsions in childhood upon a slight provocation, may later in life develop into a more serious disease—namely, epilepsy. There may be a latent tendency to epilepsy, which is brought out by convulsions due to some slight cause. Hughlings Jackson says, "epilepsy in adults not rarely dates from convulsions in infancy." It is hardly probable that the convulsion in infancy ever has any direct relation with the development of epilepsy in the adult, other than the relation that any disturb-

ance of the nervous system in the child may have with the latent tendency to epilepsy. Certainly, not all epileptics have had convulsions in childhood; and many children have had convulsions who have never developed epilepsy in later life. It is fair to presume that, if a child has convulsions, and develops epilepsy later in life, there already existed in that child the pathological changes which result in epilepsy.

Some cases have been reported in which idiocy, or at least some defect in intellect and paralysis, resulted from convulsions in childhood; the child having been free from such defects, so far as could be judged, previous to the development of the convulsions. It would seem almost impossible that functional disturbances of the nervous system could lead to such permanent changes in the central nervous system as to produce such effects, unless there existed, previous to the attack of convulsions, some lesion of the brain or spinal cord; and yet, upon theoretical grounds, it would seem just as impossible that such stormy outbursts as we see in convulsions should occur, and not leave permanent ills behind them. It is astonishing how many and how violent convulsions a child may have from even slight causes, and yet apparently recover completely and have no bad sequelæ.

A report of a case has appeared recently in one of the journals, which bears on this point.

"A child under one year of age suffered for several weeks from convulsions which varied in severity, and were frequently repeated. It appeared to be healthy in all other respects. All the usual methods of treatment were employed without success. At last the mother noticed the end of a hair lodged between the two incisors of the child, and in drawing upon it, removed a hair nearly a yard in length, which had hung down into the throat of the little patient." After the removal of this foreign body the convulsions ceased as if by enchantment, and the child recovered completely.

If convulsions are violent and frequently repeated, it would seem that they must leave some permanent disturbance. Possibly in some cases such disturbance does remain, but is attributed to other causes.

It would be interesting to know whether convulsions in children are purely a disorder belonging to civilized life. I know of no observations which have been made to ascertain whether the children of savages ever have convulsions.

Treatment.—I will take up the points of treatment under three heads: The management of the immediate attack, the prophylaxis of convulsions, and the treatment subsequent to the attack. It may simplify the subject to name over the remedies we have for meeting the immediate attack, and then discuss their merits and special indications.

Anesthetics, opium, chloral, the bromides, hot

bath, veratrum viride, stimulants, emetics, cathartics, calomel, and the cold bath.

When called to see a child with a convulsion, the first endeavor, if the child be in a convulsion at the time, should be to arrest it; or, if another is about developing, to anticipate it. We have no agent for this purpose equal to the anesthetics, preferably chloroform. Whatever the cause of the convulsions, whether due to organic disease or to functional disturbance, they should be held in check by the inhalation of the anesthetic, and then the cause may be ascertained if possible.

If the convulsions be due to pain anywhere, the remedy of the greatest service is opium, with perhaps two exceptions. If the cause be an external irritant, such as a pin pricking the skin or a very tight abdominal bandage, these can be quickly removed and there will be no necessity for the opium. The other exception is pain from a full stomach. In such a case, an emetic will answer a better purpose. In all other cases of convulsions accompanied with pain, I would use opium, if the child be more than four months of age. Convulsions dependent on the pain from teething should first be controlled by opium, and then the gums should be lanced. The very effort to lance the gums, before the convulsions are controlled by opium or some other such agent, will probably cause the child to have another.

Convulsions dependent upon abdominal pain, due to indigestion from some error in feeding, or from having swallowed some substance which acts as a foreign body, should first be controlled by opium and then a cathartic given. And under this head may be included the irritation due to worms in the intestines, although where there are worms the convulsions are not always due simply to the pain. The object should be first to control the irritated nervous system, and then to remove the cause. There can be no objection to giving the opiate and cathartic together; indeed this is the plan I usually follow. If there is reason to believe that the irritating cause is in the rectum, or near it, and an enema is indicated, an opium should be given first, the child allowed to get sufficiently under the influence of it to control the convulsion, and then the enema may be given. I believe this to be better practice than to attempt to remove the cause before first quieting the nervous system. The very attempt to give the enema agitates an already over-excited nervous system. The opium is especially indicated if the convulsions be due to earache, as is frequently the case. In giving opium for the control of convulsions, it is desirable to give it in full doses, and repeat it as often as every half-hour until they are controlled.

Convulsions due to malarial poison, although not attended with pain, yield to opium more promptly than to any other treatment. Having

controlled the convulsions accompanying one paroxysm of malaria, the endeavor should be to get the child fully under the influence of quinine or some other anti-malarial agent before the time for the next paroxysm to occur. As bearing on this point I will read some extracts from a letter I have received from my friend Dr. Murdock, of Cold Spring:

"I have happened to treat a pretty large number of cases of convulsions occurring in quite young children, from eccentric causes, chiefly malarial. I saw the bulk of these several years ago, when malaria was very prevalent and severe here, and when, during July, August, and September, malarial convulsions were of almost daily occurrence in the practice of Dr. Lente and myself. The use of opium in some form, to control the convulsions until the paroxysm should pass over and sufficient time elapse to permit the attack to be broken up by quinine or other remedy, was a matter of almost routine practice with us. In those cases I came to give opium without hesitation, and found there was usually great tolerance of it. To a child six months or a year old, I would give perhaps five drops of McMunn's elixir every thirty or forty minutes until the convulsions were controlled or the pupil began to contract. I recall now one very severe case of convulsions (malarial), in which I gave between fifty and sixty drops of McMunn's, to a child four months old, within seven hours."

I quote from this letter to show the frequent occurrence of convulsions in children in malarious regions, the tolerance of opium, and the results of the opium treatment. Dr. Murdock, in the same letter, states that he never lost one of these cases.

Not only is there great tolerance of the opium in malarial convulsions, but in all cases of convulsions in which its use is indicated there is great tolerance. A sufficient irritation of the nervous system to result in convulsions would seem to demand a remedy of considerable power to overcome it.

I have referred to the lancing of the gums when dentition is the cause of the convulsions. I am aware of the differences of opinion among physicians as to the advisability of lancing the gums under any circumstances. I have no new facts to present on this much discussed question; I feel convinced that the eruption of the teeth is often attended with sufficient irritation of the nervous system to produce convulsions. If the gums are swollen and hot, they ought to be lanced. I will go further. It is time for the eruption of a tooth, I believe the gum ought to be scarified over the spot, for often, I believe, the irritation is due to the pressure deep in, and there may be no evidence on the surface of this pressure. It is contended by many that the tissues over the tooth harden after the lancing, and thus delay the advance of the tooth. I do

do not accept this view. It has been proven that the spongy tissues of the gums do not form a cicatrix which is harder than the original tissue. I wish to put myself on record as decidedly favoring the lancing of the gums when indicated. Whatever theories may teach us, or attempt to teach us, clinical observation, it seems to me, is conclusive to the effect that the lancing of the gums is frequently attended with marked relief. A mistake is often made in being satisfied when the gums are found swollen, and the observer looks no further. Every case of convulsions in children ought to be most carefully investigated, not only for positive evidences, but also for negative, to exclude causes as well as to find exact ones.

I am often asked by mothers, "What shall I do in case the baby has convulsions?"

As an opiate is indicated in the great majority of cases, I usually tell the mother to give paregoric if the baby is over four months of age, giving explicit directions as to the dose, and to repeat it every half-hour until the convulsions are controlled, or she has obtained a physician. If under four months of age, I direct to give a mixture of bromide and chloral for which I give a prescription, in which each teaspoonful shall contain one grain each of these remedies and bicarbonate of soda. As before this age the convulsions, in the great majority of cases, are due to gastric or intestinal colic, this combination meets the indication, and the two seem to relieve better than either alone. To a child under six weeks, a teaspoonful may be given every hour or two in warm sweetened water. After six weeks and up to four months, double this quantity may be given every hour, or two hours, according to the frequency and violence of the convulsions. If there still remains indigestible food in the alimentary canal, it should be removed. In these young children, even though there be evidence of organic brain disease, I know of no better treatment than this combination of bromide and chloral. The mother usually says: "Of course, I must put the baby in a hot mustard bath!" to which I reply, "Of course, you must not." Now I dislike to criticise unfavorably a practice which has become traditional, and which is used by the large majority of physicians to-day, and every text book I have looked at recommends the hot bath in convulsions. I have great respect for traditional remedies, but I confess I very early became skeptical as to the advisability of the hot bath; and the more I have seen of it, the more I have become convinced that it is not good treatment. Almost invariably the child has one or more convulsions in the bath, the very agitation of giving the bath adding to the disturbance of an already excited nervous system. Perhaps many give it with the same feeling that a medical friend of mine does. When I spoke to him of the hot-bath treatment he

said: "I always feel that I must show the mother I am doing something, and as the hot bath has been given from time immemorial, I always give it as the most harmless way of showing it." All of which may be very commendable; but if what I have stated early in this paper be correct, namely, that *any* convulsion *may* be dangerous, and if the view be correct that the hot bath usually produces one or more additional convulsions, then it is not a harmless thing to do. I do not believe the hot bath should ever be given children with convulsions, and I utter a protest against it. I do not deny the sedative influences of the hot bath and use it very frequently, but it is in convulsions that I am opposed to its use. In my instructions to the mother I put great stress on absolute quiet. I direct that the child shall not be forcibly held during the convulsions, as the mother or nurse is apt to do; that it shall be put upon a bed that does not squeak, that there shall be perfect quiet in the room, plenty of air, the room partially darkened, no opening and shutting of doors, no going in and out more than is absolutely necessary, and but one person in the room at a time. These directions should be given in all cases of convulsions. The object is to keep the nervous system as free as possible from agitation. Over active treatment is dangerous; at least it is uncalled for. The bromides again are indicated after the immediate convulsions have been controlled by opium, and where we wish to keep up a sedative influence on the nervous system, but do not desire to continue the use of opium. The bromides are indicated also in threatened convulsions. They are useful in cases of dentition, where the agitation of the nervous system is great; and especially if there have been convulsions with the coming or previous teeth. Some observers even go so far as to say that since we have the bromides, the necessity for the use of the gum lancet has been done away with.

There is a cause of convulsions in children which I do not remember to have seen referred to by any author, and which can be controlled better by the bromides than by any other remedy. It is well known that the itching of the skin in some cases of the exanthems, notably scarlet fever and measles, is intolerable to older children. I believe it is frequently the cause of convulsions in younger children. In these cases the bromides act most favorably. They seem to control the itching completely.

In some cases in which the bromides seem to be indicated, they aggravate the symptoms. I remember a case treated by Dr. Barker and myself, in which, after the immediate convulsions were controlled, we gave a combination of bromide with chloral with the hope of quieting the nervous system and producing sleep. Although given in quite large doses, and frequently repeated for thirty-six hours, the agitation kept

up and the child would only sleep a few minutes at a time. At the end of this time the bromide was stopped, and a single dose of five grains of chloral produced a sleep of ten hours, with the most happy results. In the convulsions of whooping cough the combination of bromide with chloral seems to give the best results; the bromide diminishing the quantity of blood in the brain, and the chloral relieving the spasm and producing sleep. If the child is much exhausted, along with these agents stimulants should be given, preferably alcoholics. Convulsions coming on in the course of any disease and depending on cerebral exhaustion are best controlled by stimulants. They are indicated in such diseases, particularly if there be a tendency to failure of heart-power. In the exhaustion which comes on in the course of a severe attack of summer diarrhea of children, convulsions are not infrequent. In such cases the stimulants need not be limited to alcoholics. Musk and camphor often do more good even than alcoholics.

Many cases of convulsions depend on elevated temperature. Some children's nervous systems are much more disturbed by elevation of temperature than others. I have seen children with a temperature of 105° with less constitutional disturbance than another with a temperature of 102° . Children will, as a rule, tolerate a high temperature much better than adults. Frequently no other cause can be found for the convulsion than the febrile movement. In such cases, quite recently the veratrum viride has been used most successfully. In its physiological action, not only is it a powerful vascular depressant, but it very decidedly diminishes the irritability of the spinal cord. From the reports of it thus far, in the treatment of convulsions in children, it is destined to a much more important place and more frequent use than it has hitherto had. It has one objection: it is liable to produce vomiting. But this can be to a great extent overcome by combining with it small doses of opium. I am able to testify to the good results in cases of convulsions where I have used the veratrum. Children tolerate relatively larger doses of the veratrum than adults. A child of six to eighteen months may be given two drops of the tincture every hour; and even if it does produce vomiting, it need not give alarm, because almost invariably when the vomiting occurs the temperature falls and a pulse diminishes in rapidity and the convulsions cease. If the temperature remains high and the veratrum fails to control the convulsions, then the cold bath is indicated. Coma is quite frequent with the convulsions in these cases of high temperature. The child is in imminent danger unless the temperature be soon reduced. Nothing is equal to the cold bath for this. As in other cases of high temperature, the fever must be brought down and kept down by the bath. I

have named one more remedy—calomel. When a convulsion occurs at the beginning of an acute disease, or occurs in the course of an acute disease of the respiratory organs, I would give calomel; but in order to get its good effects a large dose must be given, that is, a sedative dose. To a child from one to three years of age give five grains. It usually produces not more than two to three evacuations from the bowels, and acts as a direct sedative to the nervous system. It will in many cases reduce the temperature, arrest the convulsive movements, and produce sleep. Along with the calomel, the veratrum viride is indicated; and if these two fail to reduce the temperature, the cold bath should be used.

In large cities, one cause of convulsions in children is heat stroke. It is responsible for many deaths from convulsions. As in the adult, so in children there are two forms of heat-stroke: one form is characterized by a very rapid and full pulse, great elevation of temperature, marked redness of the face, dilated pupils and hot head. The cold bath is always indicated in this form, and unless the temperature is quickly reduced and kept down, death will ensue rapidly. I believe if the cold bath were more quickly and boldly used, many cases of this kind might be saved. The other form of heat-stroke is characterized by a rapid but feeble pulse, very little elevation of temperature, great pallor of countenance and usually quite profuse perspiration. This form is much less frequent than the first. The indications are to combat nervous exhaustion. This can be best done by stimulants.

With a view to ascertain if the records of the Board of Health, of this city, contained any facts bearing directly on this subject of the influence of heat-stroke in the production of convulsions in children, I consulted them. Although they did not contain any positive facts bearing on the question, I was informed by Dr. Nagle that the mortality from convulsions during the hot summer months was greatly in excess of that during the remainder of the year. I will give some of the facts which I did ascertain from those records.

During the six years from 1871 to 1876, there died from convulsions of children under one year of age, 3,392. From one to two years of age, 686. Making a total under two years of age, 4,078. These were all cases in which the death certificate simply read "convulsions," without including those in which a cause for the convulsions was given.

In 1878 there were 478 under 1 year.

1879 " 515 "

In these six years from 1871 to 1876

the total number of deaths among

children under 1 year was.....51,452

Over 1 year and under 2 years.....17,810

Total under 2 years.....69,262

And of these, as I have stated above, 4,078 were from convulsions.

I begin the prophylactic treatment with the mother before the child is born. If she have had any children, and they have shown any tendency to the development of nervous troubles, she should be taught how to live in order that the children to come may have the benefit of what knowledge we have, and especially should great attention be paid to the health of the mother if she be of what is called the nervous temperament. Nothing extraordinary need be demanded of her. Her diet should be nutritious, but not too rich. She should exercise daily, short of fatigue. The wealthy are apt to eat too rich food, and to take too little exercise; and the poor are apt to be underfed, and to take too violent exercise. Her clothing should not be heavy and should be worn loosely; a difficult matter, I admit, when the demands of society are remembered. If she is anemic, she should have the proper remedies. If she is gouty or rheumatic or has any other blood disease, she should have remedies directed against these. Disturbances of digestion should be corrected. One of the most important points is to see that she has the proper amount of sleep. She ought to have eight or nine hours. The nerve sedatives should be given if there be no other way of inducing sleep; but they are to be avoided if possible. The physician cannot always control the habit of his patient. If he is consulted he can give advice. He is not always consulted sufficiently early to do full justice to the case, but he can often, by judicious advice, diminish the tendency to these disturbances of the nervous system in the child by the treatment before the birth of the child.

Prophylaxis in the child itself.

The very naming of some of the predisposing causes of convulsions in children will suggest their own prophylaxis. Deficient or improper diet taken daily, impure air constantly breathed, deficient exposure to the sun's rays, want of cleanliness, and want of exercise in the open air, all produce perversion of general nutrition; and if of general nutrition, then of the nervous system too. These suggest their own management. We have seen that the rickety diathesis predisposes to convulsions. Rickets can in many cases be recognized very early, and should always be treated. There are very few ills of children which are more productive of evil than rickets, if neglected; and few are more amenable to treatment. Codliver oil is almost as much a specific for rickets as mercurials for syphilis. Proper diet and proper sanitary surroundings aid much in the treatment. Among the children of the poor, as Gee and others have shown, rickets is found in so many cases of convulsions that its early recognition and treatment become all important.

The rheumatic diathesis is very frequently

an accompaniment of convulsions. This is the case with other convulsive movements, as well as of chorea. There seems to be some special influence produced on the nervous system by the rheumatic blood. The special remedies against this diathesis are the alkalies and salicylic acid; sometimes the one, and sometimes the other, produces the better results. Even in quite young children, I am in the habit of using these remedies with good results. If there be anemia with the diathesis, as is very apt to be the case, then iron and cod-liver oil are indicated.

I have already said sufficient of the disturbances of the digestive organs to show the necessity of the greatest care and attention to them.

Children with very excitable nervous systems are those most apt to develop convulsions, if there be the exciting cause. Such children need to be specially watched to see that their nervous systems are kept free from excitement. Their sleep is all important to them; and yet how frequently is the habit of parents of going into the nursery in the evening to have a frolic with the little ones, just about the time for those little ones to go to bed. The temptation is great. They are the very children who are the most fascinating, they are the brightest and notice when very young. In fact they are apt to be precocious, and this precociousness is encouraged by the parents. The nervous system is kept in an almost constant state of excitement, sleep becomes poor, the child becomes more excitable, and then comes the train of disturbances of the nervous system. Children are thus abused, if I might use that term, because of the ignorance on the part of parents as to its ill effects. It is the physician who should teach them the management of their children, so as to prevent the development of such disturbances.

Children who manifest what are called "fits of temper," ought to be more carefully studied to ascertain whether it is mere wilfulness, or some disturbances of the nervous system not wholly under the control of the will, and for which the child may not be altogether responsible. Certainly some children display these much more violently than others, and it is not always because of want of proper discipline on the part of parents.

The treatment of the patient subsequent to the attack. If the cause has been removed, and we can discover no sequels, the treatment is simple. If there exist any of the predisposing causes I have referred to, they claim appropriate treatment for their removal. The child must be put in the best possible physical condition, and kept so.—*American Obstetrical Journal*, July 1880.

GLYCERIN is most easily incorporated into ointments by using a mortar which has been first thoroughly warmed by hot water.

SLEEPLESSNESS FROM THOUGHT.

The loss of power to cast off the burden of the day, and find rest in unconsciousness or forgetfulness at night, is one of the greatest of personal afflictions. Only those who have endured it know how terrible this experience, in its worst form, may prove. There is no escape anywhere, no respite, no—even momentary—lessening of the strain on the mind, when sleep is impossible; and the worry is increased when the mind, instead of finding ease, falls into a state in which every source of disquietude seems exaggerated. Sleeplessness of this sort is often the prelude—and it may be either the first indication, or itself the cause—of insanity. The condition into which the mind is thrown when endeavoring to sleep is essentially unsound, and tends to disease.

Physicians realizing the peril of the position give their patients a drug of some sort to procure sleep. They do this with the double purpose of breaking the habit of wakefulness when this has been formed, and of rescuing the mind from a condition in which it is unsafe. Those who adopt this treatment point to cases in which after a few doses of a sleep-potion, the sufferer has regained the power of falling asleep naturally. Such patients have undoubtedly been benefited by something, but it is still an open question whether the relief may not be due to mental influence rather than the medicine. However this may be, the point in which we are chiefly interested is the state which precedes and seems to bar sleep. We recognize its perils; in what way or by what means may they be avoided?

Examined closely, the condition of thought-worry preventing sleep will be found to be one in which the thinking faculty is beyond control. We may start a subject, but we cannot either keep the attention fixed, or compel thought to take rational and comparative views of the objects presented to it. There is a tendency to exaggeration, which the judgment is powerless to restrain or correct. There is at the same time another peculiarity, which throws more light on the nature of the condition, namely, an impulse to *repeat*; the mind goes over the same ground again and again. The explanation of this phenomenon is simple and suggestive; there is a perpetual endeavor to sleep, and although the circumstance may not be recognized, each train of thought breaks off at the precise moment when it ought to become a dream, and every recommencement is a new departure after a fresh act of wakefulness. The condition we are describing occurs on the road to sleep when the way is barred. The point to make clear is, that it is quite as likely the distressing thoughts of a sleepless person are the consequence of the wakefulness as that the inability to sleep is occasioned by thinking.

Thoughts, passing through the mind when the brain is falling into state of sleep, ought to be of a nature to change easily into a dream. The problem is to carry the mind over the boundary line, and convert what is conscious but uncontrollable thought into a dream. If this can be accomplished naturally—that is, without the aid of drugs, which stupefy the consciousness and burlesque the state of sleep rather than produce it—the subject of thought will be soon changed, and oblivion, or at least forgetfulness, induced. The solution of this problem may be attempted by either of two processes:

1. A particular thought, or train of thoughts, present to the mind may be seized upon at the moment of their occurrence, while as yet they are manageable, and turned into grotesque, thus preparing them to become the material or centre of an amusing dream. This method is less easy to describe than to carry out: but experience proves that it is abundantly efficacious. Fancy must be directed to play with the thought and weave a little scene or story out of its slenderest threads. Just enough effort to preserve the connection of ideas is necessary, or the expedient will fail, thought reverting to its former worrying courses. The secret of the method lies in holding the thought fixed, and projecting the train of ideas by fancy on a line which may carry it into dreamland, the dreaminess of thought inducing sleep. This is a perfectly natural and rational process, and it is harmless, whereas the production of stupefaction by drugs is artificial, and more or less perilous to brain and mind. The one lulls the consciousness to sleep, the other overpowers it with a poison.

2. The alternative mental method by which sleep may be sought consists in giving thought a monotonous task in the way suggested by those who can win sleep by counting, repeating, and the like expedients. This is more difficult in really bad cases of "sleeplessness from thought" than that first described, in which an idea, or train of ideas, already present to the mind, is converted into grotesque. The mind is not easily taken out of itself when engrossed with worrying topics, and, though fancying corn-fields and rising tides, or counting and piling up packages, or smoking an imaginary pipe and watching the clouds of tobacco smoke rise over the head, so as to direct the eyes upwards as in sleep, are good enough devices, it is not always practicable to shut out distressing or plaguing ideas, and concentrate the attention on these meaningless conceptions for the full success of which the sleep-wooner needs a vacant rather than a harassed mind. It is an effort quite as great as the wakeful, but worried, can make, to turn a troublesome thought into grotesque imagery, but this is easier than to call up a wholly new and incongruous idea.

Perhaps the most general cause of sleepless-

ness of the kind we are considering is the habit of carrying work over from day to day, instead of parcelling it out so as to create natural breaks in the enterprise, when the mind can rest with the consciousness that duty has been discharged, and a task accomplished. Nothing so much conduces to sleep as the feeling of contentment, and this feeling can generally be produced by giving the mind a tale of work in the morning which may be completed before the time of rest. When the obligation has been fulfilled, the mind seeks, and generally finds, repose as the recompense of its toil. To break off suddenly in the middle of labor, and expect to command sleep at call is unreasonable.

It is a common mistake to plan the business of the following day at night. This is like turning over a new page when the book should be closed and laid aside. The task of laying out schemes for the future ought to be the first duty on waking, and if it were then discharged, many mischievous dreams, and much of the feeling that a whole night has been spent in dreaming, would be avoided. Each night should see the book of life closed, with the feeling that the account has been duly made up. It is the task of the morning to carry over the debit or credit and start afresh. Better by far finish the work of the day, close the record, and seek rest. When the consciousness returns examine the situation, lay plans for the future, and while the impression lasts act on it.

Sleeping and waking are states which are mutually dependent, and must succeed each other in orderly sequence if health is to be preserved. Life is very much an affair of rhythm, and a sound mind in a sound body can be secured only by concord, method, and orderly self-control, by the will.—*J. Mortimer Granville, M.D., in "Common Mind Troubles."*

TREATMENT FOR STAMMERING.

Dr. W. B. Hammond, in the *British Medical Journal*, gives the following practical hints on this subject:—

If the attention of the stammerer can be diverted from himself and his articulation, he will often speak to others as calmly and as perfectly as he does to himself when alone. Now, there are various ways of accomplishing this object, but the one that I found most effectual was the performance of some slight muscular action synchronously with the articulation of the difficult syllables. The words that troubled me most were those that began with the explosive consonants—those that require the sudden opening of the lips for their enunciation—*b, p, and t*. I could no more have repeated the alliterative lines, "Peter Piper picked a peck of pickled peppers," etc., to other persons with-

out stammering than I could have walked to the moon, though perfectly able to say the whole piece through without a flaw when speaking alone. With each troublesome word, especially with one beginning a sentence, I made some slight motion with the hand or foot, or even with a single finger, and I found that this plan enabled me to get the word out without stammering. With the enunciation of "Peter," for instance, I would tap the side of my body with the hand just as I opened my lips, and the word was articulated without the least halting. In the procedure, the attention is diverted from the effort to speak to the performance of the muscular action mentioned, and hence the speech becomes more automatic than it is with stammering. It consists in efforts to render the speech automatic. No orator thinks of his articulation when he is making a speech; no one in ordinary conversation thinks whether or not he will be able to pronounce a certain word, or to acquit himself well in the management of his tongue and lips. His mind is concerned with his thoughts, with what he is going to say, not with the manner in which he will articulate, and the more thoroughly we can succeed in bringing stammerers into the same way of procedure the more successful shall we be in our efforts to cure them.

THE ORIGIN OF THE STETHOSCOPE.

M. Chereau, in a French Medical journal, gives the following interesting history of this useful little instrument:—

One day, as Laënnec was crossing the court of the Louvre, he observed some children who, with ears applied to the two extremities of a long beam, were transmitting reciprocally the light sound provoked by the stroke of the finger against the opposite end. In the intermediate space no sound was perceptible. The careful observer reflected, and soon, like Archimedes, he was able to exclaim, "I have found it!"

Some time afterward, in fact it was in 1816, being consulted for a young woman who presented general symptoms of heart disease, in which percussion gave small results on account of the stoutness of the subject, the age and sex of the patient forbidding his listening directly with the ear, he remembered the children of the court of the Louvre. Immediately he took a paper copybook, of which he made a roll closely pressed together, placed one end of it upon the chest of the young woman, applied the other to his ear, and found with pleasure that in that manner he could perceive much more clearly the beats of the heart. So a play of children and regard for modesty were two facts which led to the discovery of medical auscultation.

Laënnec then modified this roll of paper,

giving it more firmness, limiting its length to a foot, its diameter to sixteen lines, smoothing the two extremities with a file. Then he made other experiments: he constructed a tubular cylinder of gold-beater's skin, which he filled with air by means of a spout, and of which the central opening was maintained by means of a support of pasteboard; he made an experiment with glass and metals; finally he stopped with a cylinder of light wood, pierced in its centre with a tube, expanded at the extremity in the form of a funnel. We have seen in our youth the original stethoscope of Laënnec. In truth, it had a size altogether useless and well adapted to terrify patients.

ERGOT IN CONGESTIVE DYSMENORRHOEA.

Mr. H. B. Blackburn writes to the *Lancet*, Jan. 31st, 1880—

A year ago I was called to see an unmarried lady, aged 23, who was in great pain, and had been so for about four hours with dysmenorrhœa. I learned that for about twelve hours before the commencement of each period she suffered extreme pain, becoming worse just before the beginning of the flow. She would often lie down and roll about in the greatest agony. Her two unmarried sisters suffered in the same way and as much, and the same was the case with one married sister until her marriage. All three were strong healthy-looking girls, though all were the subjects of that common affection of women, chronic constipation, the bowels often remaining for a week together without acting. I am not now going to speak of the radical treatment of these cases; but having been called in during a paroxysm of pain I had to endeavor, in the first place, to relieve it. I accordingly prescribed ergot, in doses of half drachm of the liquid extract every quarter of an hour. The pain began to diminish before the second dose had been taken, and after the third the flow had commenced, and the pain entirely gone. It may be objected that I am calling what was only *post hoc, propter hoc*; but this is not so, and for the following reasons: On this occasion the young lady had been in pain only about four hours before treatment, so that the duration of pain was now only about five instead of twelve hours, as on previous occasions. Secondly, she and her sisters have ever since kept a bottle of medicine, according to prescription, in the house, and they have recourse to it on each occasion, at the very earliest warning of the period, and they hardly suffer pain. I am of course disposed to treat them radically—i. e., by prescribing for and giving instructions as to the bowels, to endeavour to do away with the necessity for specific treatment of the symptoms, but they are perfectly

satisfied to have a remedy for these on each occasion.

Now a rational system of therapeutics is far more satisfactory than an empiric one. I may, therefore, be excused if I draw attention to my theory of the action of the drug in these cases, my recourse to it in the first instance being founded on this theory.

Ergot is supposed to cause contraction of the muscles of organic life. I do not compare its action in cases of congestive dysmenorrhœa to that on the uterus at term. I suppose that here it acts not on the muscular fibres of the uterus so much as on those of its vessels; contraction of the uterine small arteries being the cause of relief from congestion, then, the congestion and general pressure being removed, the menstrual flow comes on.

AN EMETIC FOR INFANTS.

Dr. S. W. Smith (British Med. Journal) writes: I beg leave to record that half a teaspoonful of glycerin acts as a simple and efficient emetic for infants. Perhaps some of your readers can confirm this by future experience.

A NEW REMEDY FOR EPILEPSY.

Dr. Shields, in the *Southern Clinic*, reports two severe epilepsies cured by white peony-root. He uses the remedy as follows: Root of the white peony, $\frac{3}{4}$ x; boiling water, cong j; boil to two quarts and filter. Of this decoction give about one ounce three times a day.

DOUBLE PNEUMONIA AND ABORTION.

Dr. L. A. Rutherford reports the following interesting case to the *Medical and Surgical Reporter*. The case is of so great interest that we publish it in full:

On the 14th of March I was called to see, with another physician, a white woman, aged thirty-three; skin very hot; both cheeks flushed; eyes suffused; respiration about twenty-three; pulse 120. Complained of severe pain in both sides of the chest. Cough constantly. Both sides dull on percussion, right side more involved. Respiratory murmur at upper part of both lungs very loud, accompanied by some fine crepitation. Tongue very broad and flat, deeply furrowed in center, base covered with a dense, dirty, brownish fur; lips red; breath very offensive. Diagnosed double pneumonia. Ordered a large mush poultice, to cover both sides of the thorax, to be as hot as the patient could endure it. Acetate of ammonia, in one drachm doses, to be given every three hours. Five grains of dextro-quinine every six hours. Eleven A. M. next day pulse was 120. Right lung more involved, pain more acute, respiration more rapid, mouth dry, tongue more brown, fissure deeper, heat of skin 103½. Ordered poultice to

be continued, and increased my dose of dextro-quinine to twelve grains, to be given at once, and repeated in four hours. At 9 P. M. saw the patient; complained of diarrhœa. Three doses of dextro-quinine were taken, and the symptoms were much improved. For the diarrhœa a few drops of Monsell's solution of iron were ordered every hour. Nourishment principally consisting of milk. Dextro-quinine was given only twice during the night. On the morning of the twelfth symptoms much improved, though the dullness was as great, but heat and restlessness abated somewhat; diarrhœa under control. During the next two days the acetate of ammonia was continued in one drachm doses, every four hours, five grains of dextro-quinine to be given three times a day.

On the fifteenth I was called in haste to her. Found pulse 135, respiration very rapid, skin very hot; two slight convulsions came on while I was with her. Ordered beef tea and milk to be given frequently in small quantities. Tincture of veratrum was given in small doses every hour. Four o'clock I saw her again; was told that labor pains were on her. She was four months advanced. Made a vaginal examination, and found the os dilated, perineum soft and yielding, but little hemorrhage, and before I left the house the fœtus was expelled, minus the placenta. The shock this abortion inflicted on the system was fearful; she became semi-comatose, pulse went up to 150, small and thready, breathing-dysphragmatic. Several convulsions then came on. Hard ones were on her in twenty minutes or more. Face was pale, skin of body intensely hot, while the extremities were cold. Something had to be done forthwith, and as I put about as much faith in dextro-quinine as most men do in a good brake on an express train, I poured out what I thought to be a good twenty-grain dose of that drug, which was dissolved in a solution of tartaric acid, and poured it down her throat. This was repeated in an hour. It was certainly marvelous to witness the effect produced. In two hours the pulse was reduced to forty beats, and the skin much cooler. Though the convulsions did not entirely subside in that time, they were very much lessened. In three hours more I gave her ten grains again; by night she recovered her senses. Next day I found, to my surprise, that there was very much less solidness of lung than at any other time since I first saw her. I removed the placenta with a hook this day; but very little hemorrhage occurred at any time. The dextro-quinine was now combined with Squibb's tincture of iron, five grains to thirty drops every three hours. From this time on the convalescence went on uninterruptedly. I make no comments on this case, but would ask the attention of the profession to the line of treatment followed, which I believe will be found a successful one in cases both of double pneumonia,

pleuro-pneumonia, intermittent fever, and allied diseases.

DEXTRO-QUININE IN PERIODICAL HEMICRANIA.

By C. A. Bayce, M.D., Editor of the *Southern Clinic*, Richmond, Va.

I was called to see a little son of Mr. Charles Lankford, of this city, several months ago, who complained of headache in the right side of his head and through the right eye. His sight was imperfect while suffering from the pain, and there was decided periodicity about the attacks, being much worse every other day; his nose would bleed very often when he was troubled with the headache. From the history of the case I regarded this as a neuralgic hemicrania of malarial origin. I accordingly prescribed quinine, iron and hyoseyamus; I found no improvement, but an increase of the head trouble with more hemorrhage from the nose. I then put him upon quinine alone; his head continued to be congested and nose would bleed frequently. I then discontinued the quinine and put him upon ergot and bromide potassium. This seemed to check the hemorrhage to some extent but the headache and imperfect vision remained. I then discarded all remedies and put him upon 3 gr. doses of Dextro-Quinine (K. & M.), three times a day. I am pleased to report that after the second day's use of Dextro-Quinine the hemicrania was entirely relieved, nor has it since returned; the eyesight became perfect, the bleeding from the nose has occurred but once since.

This boy could not take quinine without producing congestion and necessarily hemorrhage. Dextro-Quinine obviated the difficulty and cured my patient.

SYMPATHETIC NERVOUS COUGH OF PREGNANCY.

R Spiritus ætheris, f3 iij;
Tinct. chloroformi comp., f3 i;
Acidi hydrocyanici, m̄ xv;
Liquoris morphinæ sulph., f3 i;
Tinct. cardamom. comp., f3 vi;
Aque, ad f3 viij.—M.

A sixth part every six or eight hours.

ERGOT IN PHARYNGITIS.—In chronic pharyngitis, where the blood-vessels of the pharynx are enlarged and tortuous and the secretion moderate, the following is recommended:

R Ergotine.....gr. xx.
Tinct. iodine.....fl. 3 j.
Glycerine.....fl. 3 j. M.

Sig. Apply to the pharynx freely twice daily with a camel's-hair brush.

TREATMENT OF PHAGEDENIC CHANCRES BY MR. JONATHAN HUTCHINSON.

The sore is freely and carefully cauterized with acid nitrate of mercury, and the patient made to sit eighteen out of twenty-four hours in a warm hip-bath. He states that phagedenic chancres often occur in persons who have had syphilis before. Mr. HUTCHINSON warns his class not to tell their patients that syphilis cannot occur twice. A second attack of syphilis is usually peculiar. It is seldom in such cases that a well-characterized indurated sore is developed, and very frequently the sore sloughs. The phagedena may prevent the occurrence of constitutional symptom, if it comes on early enough. He has seen, however, severe constitutional symptoms follow a phagedenic sore in a man who had gone through syphilis some years before. Indeed some of the worst cases of syphilis *rupia* he has seen occur under these conditions. When syphilis runs its most usual course—a well-indurated sore, a symmetrical copious papular or blotchy rash, and symmetrical sores in the tonsils—you may assume that it is a first attack. Second attacks are almost always modified, and are either much worse or much more slight.—*North Carolina Medical Journal*.

VASELINE AS A BASE FOR OINTMENTS

Dr. P. H. Cronin, in the *St. Louis Courier of Medicine*, gives some practical suggestions with reference to the preparation of unguents with vaseline as a base. Being slightly soluble in alcohol and insoluble in water, tinctures and aqueous solutions do not combine with it. It mixes with glycerin, but on the addition of water separates. Such substances as iodide of potassium, chloral hydrate, iodine, or tannin, should be finely triturated and thoroughly mixed with the vaseline. Chloroform ointment is prepared by melting the vaseline in a wide-mouthed bottle in a water-bath, at 97° Fahr., adding the chloroform, corking quickly, and shaking briskly till cold. Gynecologists will find that by triturating borate of sodium to a fine powder, and mixing with a little glycerin before adding to vaseline, they will have a fine preparation for vaginal examinations, instead of the gritty, "salted butter," preparations which they sometimes obtain from the pharmacist.

A SIMPLE METHOD OF EVACUATING SMALL CALCULI.

Dr. Mercier recently demonstrated before the Société de Médecine of Paris an easy and practical means of getting rid of small vesical calculi. It consists in making the patient lie

on his belly; then the calculi fall by their own weight into the anterior part of the bladder. The patient is then allowed to rise slowly on to all-fours. He micturates in this position, and the calculi, which have not yet had time to return into the *cul-de-sac* behind the prostate, are carried away in the stream of urine.—*Medical Press and Circular*.

REMOVAL OF MOLES (NÆVUS).

According to Dr. Sigler, they may be removed by means of croton oil in the following manner. Push a number of needles through a cork, so that the points project 3 to 4 millimetres. Dip the points in croton oil, then insert them in the mole and withdraw. This is a sort of Baunseheidismus. A scab will form upon the mole; and after it has dried up and dropped off, the operation is twice more repeated.—*Pharm. Centralh. and Ph. Zeit.*

TREATMENT OF HEMORRHOIDS.

Prof. H. C. Wood, of Philadelphia, says: "The most extraordinary results in internal piles often follow injections and retention in the rectum after each passage, of a half-ounce to an ounce of a saturated solution of chlorate of potassium with a few drops of laudanum. Of course the usual systemic treatment must be carried out, and the free use of water injections after the passage, but before the chlorate of potassium, is very serviceable."—*Phila. Med. Times*.

TO PREVENT HEADACHE FROM TINCTURE OF IRON.

A writer in the *Boston Med. and Surg. Jour.* says: "During the administration of the tincture of the chloride of iron, functional derangements of the stomach and liver often arise, with furred tongue, impaired appetite, headache, etc. These symptoms rapidly disappear upon adding one-half grain of the chloride of ammonium to each minim of the tincture. This combination is useful in cases of heart disease accompanied by anæmia and debility."

IODOFORM IN CHRONIC ARTHRITIS.

Prof. Gubler employed ten parts of iodoform to twenty of sulphuric ether and twenty of alcohol. When dissolved the liniment should be applied to the diseased joint by means of a pencil. The parts should then be covered with a piece of oiled silk. For the same affection Dr. Cottle dissolves iodoform in chloroform.

HOARSENESS—BORAX AND NITRATE OF POTASSIUM.

These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. the remedy is recommended to singers and orators whose voices suddenly become lost, but which by these means can be recovered almost instantly. A piece of borax the size of a pea is to be dissolved in the mouth about ten minutes before singing or speaking. The remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in warm solution before going to bed.—*La France Médicale*.

ADMINISTRATION OF CASTOR OIL.

The following method of administering castor oil is recommended by M. Potain, and described in a recent number of *Le Practicien*: An orange is cut in halves, and after removing the pips, the juice of one half is pressed out into a tea-cup. The oil is poured carefully on the top of this juice, and on this again the juice of the other half of the orange is squeezed out. The oil remains between the two layers of juice in the shape of a meniscus, and may be swallowed without any unpleasant taste.

TREATMENT OF PNEUMONIA.—Commenting on a case of pneumonia in which speedy recovery had followed the use of ergot, Dr. Handfield Jones states that the action of the ergot seems to have been beneficial, though he does not attribute the cure solely to its agency. Ordinary pneumonia runs a determined course, the inflammatory processes terminating by more or less rapid defervescence about the sixth or seventh day from the initial rigor, while the exudation undergoes resorption sooner or later, according to the energy of the vital powers. Results which are therefore due in reality to the natural course of the disease must not be attributed to the remedies employed; moreover, any means which affect injuriously the strength of the patient, especially those which enfeeble the heart, must be carefully avoided. Though the disease cannot be cured, its severity may be materially mitigated, and life may in some cases be preserved. Ergot and liquor ferri perchloridi may check and control the inflammation, opium may allay the pain, and calm and steady the nervous system; bark and ammonia with wine may give tone to the failing heart, especially in the collapse of the crisis; effervescing salines, or brandy and soda-water with or

without a dose or two of calomel, may quiet gastric irritation, and enable the patient to take food better; quinine in large doses, or the cold bath may serve in dangerous hyperpyrexia. Dr. Jones believes that no risk should ever be incurred with the idea of cutting short the disease. He also finds that ergot has to a certain extent disappointed his expectations, when employed in the various inflammatory affections, and of those more especially in bronchitis.—*British Med. Jour.*

THE TREATMENT OF PULMONARY HEMORRHAGE.

The case before you is one which has just come in, suffering with hemorrhage, and reports having lost two basinfuls of blood by expectoration. What is the best means to pursue for the arrest of pulmonary hemorrhage? The very best remedy, in my opinion, is what we here constantly employ—Squibb's extract of ergot, or ergotine, as it is termed. Of this, as much as twenty or thirty grains may be given hypodermically, although so large a quantity is seldom necessary, and it will generally suffice to introduce five or six grains. It is exceedingly difficult to decide whether any remedy is efficient in this condition, since the hemorrhage constantly subsides spontaneously, and any drug that happens to be given at the time, of course, gets the credit; but the stopping of the spitting of blood so often follows the injection of ergot that I have no doubt that these cases are benefited by its administration. Another remedy is ipecac. It seems strange to use it in pulmonary hemorrhage, but it is one of the best means that we have. In causing nausea and vomiting it affects directly the pulmonary circulation. You should give enough ipecac to cause nausea, and be indifferent whether it causes vomiting or not. One of the dangers of the condition is that the blood will remain in the air cells and smaller tubes and close them, and thus set up irritation and further mischief. The administration of ipecac has the advantage of clearing the lobules, and at the same time it has an influence upon the circulation, which makes the vomiting entirely safe. He shall have—

R.	Extract ergot, fluid,	3 ss-j	
	Extract ipecac, fluid,	M v.	M.

Every three or four hours.

Ice should be applied to the chest, and pieces of ice allowed to melt in the mouth. The patient is to be kept as quiet as possible, in a semi-recumbent posture. A very common household remedy is table salt, and it is not without effect, but ice is more valuable. A large piece of ice placed at the nape of the neck will sometimes succeed, especially if followed by hot water. The quick alternation of heat and cold produces

a most decided contraction of the arterioles, and is better than cold alone.

If the hemorrhage prove persistent we may employ blood letting, in order to quickly reduce the blood pressure.—*Prof. Bartholows' clinic in Jefferson College Hospital, Philadelphia.*

A CLINICAL LECTURE ON AMENORRHEA AND DYSMENORRHEA.

Delivered at the Hospital of the University of Pennsylvania.

By WILLIAM GOODELL, M.D.

[Special Report.]

AMENORRHEA FROM TORPIDITY OF OVARIES.

This woman has not seen her menses for the past four months. She has one child and has had one miscarriage. This child was born about eight months ago, after a very difficult instrumental labor. The woman got out of bed in the course of a few days and went about her household work as usual. She has been in the habit of working with bare feet, did so, in fact, just after her last child was born. She tells me, too, that she has been imprudent in other ways. She has a great deal of leucorrhea, which is greatly increased in amount just about the time her menses should appear. This seems to be the only kind of compensatory vicarious hemorrhage to which she is subject. She has never vomited or spit up any blood, has no piles, and has never been troubled with epistaxis. There has never, so far as she knows, been any blood in her stools. In weight she has gained enormously since she first had this trouble. She thinks she is fully one hundred pounds heavier now. There is a truly enormous deposit of adipose tissue all over her body. If I were alone with the woman I should question her closely with regard to her sexual appetite, and I should most probably find that she had but very little sexual desire.

Acting on the belief that the case is one of amenorrhea from torpidity of the ovaries, I shall order the following prescription for the patient, and ask her to return and report progress in the course of a week or so:

℞ Ex. aloës..... 3 j;
Ferri sulph. exsic..... 3 ij;
Asafet..... 3 iv.
M. et in pil. No c, div.

Sig. One pill after each meal. This number to be gradually increased to two and then to three pills after each meal.

If the bowels are at any time over-affected the patient must stop and begin again with one pill after each meal.

AMENORRHEA FROM ARRESTED DEVELOPMENT.

This child is fourteen years of age, and comes to us complaining of arrest of her menses. Until she was thirteen and a half years old she

lived among the mountains in the interior of the state. While there she was always regular and her general health was excellent. About a year ago she came to Philadelphia and was put to hard work. No sooner was this change made in her habits and mode of life than she began to break down. She feels and looks very miserable. The skin under her eyes is quite black, owing to impaired oxidation of carbon. She is anemic and chlorotic. It is very easy to see what has brought on this suppression. She has been breathing impure air, has been overworked, and is getting no sunshine.

What treatment shall I recommend? She must go to bed early, eat wholesome food and get as much fresh air and sunlight as possible. The best remedy would be for her to go back to her home among the mountains for a month or so, but she says this would be impossible.

In cases such as this one I have had the very best results from the constant use of Blot's pill, as recommended by Niemeyer:

℞ Pulv. ferri sulph..... } aa 3 ij;
Potas. carb. puræ }
Muc. tragacanth..... q. s.
M. et in pil. No. xlviii div.

Sig. To be given daily in increasing doses until three pills are taken after each meal.

This gives the large quantity of twenty-two and a half grains of the dried sulphate of iron per diem.

If these pills give rise to constipation I use this formula:

℞ Pulv. glycyrrh. rad..... } aa 3 ss;
Pulv. sennæ..... }
Sulphur. sublm..... } aa 3 ij;
Pulv. feniculi..... }
Sacchar. purif..... 3 jss. M.

Sig. One teaspoonful in half a cup of water at bedtime.

In cases such as this, where the suppression is due to change of habit and loss of health, tonics are indicated. When the suppression comes on suddenly, from cold or exposure while in the midst of the menses, and is accompanied by severe lumbar pains, our treatment would be different. We should then place the patient in a mustard hip bath, administer Dover's powder, put her to bed, and give her hot drinks to provoke copious diuresis and diaphoresis. Chronic uterine trouble is likely to supervene if we do not act promptly in such cases.

DYSMENORRHEA.

CASE I.—M. F., aged twenty-seven (col'd), unmarried. Has never had any children. The dysmenorrhea at her monthlies has been very severe, and has always confined her to bed at those periods. She tells us she also suffers from great tenesmus at times. When just twenty years of age our patient injured herself by lifting a heavy weight, and so produced a retroflexion

of the womb. This condition, together with an already abnormally narrow cervical canal, has been the cause of all the trouble.

Before going any further, however, I will first make a careful examination. There may be a fibroid tumor of the womb, for this is a very usual occurrence in young colored women. I find that the womb is very much out of its place, but I am sure that there is no tumor. I will introduce a speculum, and I find that the external os uteri is very small. It is what is usually known as a pin-hole os. I dilated it last week, but it seems that I did not dilate it sufficiently. In cases of this nature, where the os is so small, you will generally find it necessary to seize and hold it down with a pair of uterine tenacula, and be sure that you purchase a stout pair.

I introduce the sound, but experience great difficulty in coaxing it through the internal os uteri. The measurement which I get shows the womb to be about two and a half inches in length. No matter how much bent the cervical canal may be, you can usually introduce the sound after two dilatations. I am going to dilate the cervix again to-day. It is so difficult to insert the dilator that I am going to use this curved probe as a guide. In passing a dilator into the cervix of a retroflexed womb always pass it with the curve downward. Pass it in up to the fundus of the womb, and then withdraw it half an inch before dilating. When the cervix has been dilated to the desired extent do not attempt to pull the dilator out without closing it, for you may seriously lacerate the external os in so doing. Stop the administration of ether when you have introduced the dilator, and leave the instrument in the canal until the woman begins to show some uneasiness; this serves the double purpose of bringing the patient more rapidly out of the influence of the ether, and also makes the operation more permanent and satisfactory.

Some very excellent authorities advise incising in these cases, but I think that this practice is open to serious objections. There may be copious hemorrhage, and there very often is a resulting permanent deformity of the cervix. There is always a little bleeding, indeed, after the dilator has been removed, but never any serious hemorrhage.

CASE II.—Some time since a new plan of treating dysmenorrhea was very highly recommended to me. It consisted in taking pieces of slippery-elm bark, whittling them to the size of matches, tying a string to each of them and packing the cervical canal with them. It struck me at the time as a very promising method, and I made up my mind to give it a trial in the first case of dysmenorrhea that occurred in my hospital practice. That case happened to be the one that I now bring before you. I put the slips in three times; after removing them the third time the woman had a severe attack of acute peritonitis.

I have had the woman brought into the amphitheater this morning, and shall insert my finger in her vagina and move the womb about gently, to see if any pain or plastic adhesions remain. Since the attack of peritonitis she has experienced a great deal of pain in passing her water. There has also been a considerable amount of leucorrhœa. I intend to pass a sound very gently. It stops at the internal os. There is not much tenderness at the external os and it is quite roomy, so that the slippery-elm did some good after all.

What is the best treatment under the circumstance? I will tell this woman to put a dram of chlorate of potassium in a pint of water when she goes home, and to syringe her vagina out well with this solution. She had better use a fountain reservoir for this purpose. The water should be of such a temperature that she can just put her elbow in it. The reservoir should be put on the mantlepiece and the water conveyed into the vagina through a piece of rubber tubing. The patient must pursue this treatment steadily for a month's time, and then return and report progress. When the woman comes back again at the end of the month I shall make an application of carbolic acid to the fundus of the uterus. I shall then introduce an Elliot's repositor, and turn the handle of the instrument. The womb will thus be carried in the same plane into a position of retroflexion. When you use an Elliot's repositor you must work very slowly or you will cause the patient a great deal of needless pain. Do not introduce this instrument oftener than once every four days, or every week. If you persevere patiently you will generally succeed in completely reducing the displacement.—*Louisville Med. News.*

DIGESTION AND ABSORPTION IN THE LARGE INTESTINE.

There has always been considerable uncertainty in regard to the question whether the large intestines are capable of digesting food. This power has been absolutely denied by several authors, as Blondlot, Frerichs, Braune, Funke, and Quincke, while others, as Zander, Schiff, and Eichhorst, have asserted quite as positively that the fluids of the large intestine are able to digest both albumen and starch, the latter being first changed into sugar. Again, in regard to the form under which these substances may be absorbed in the bowels, opinions are also at variance; some claiming that the albumen must be first changed into peptone before it can be taken up, and others that fluid albumen may be, as such, absorbed directly. A similar diversity of opinion prevails regarding the ability of the intestines to absorb fats.

Some recent experiments by Drs. Czerny and Latschenberger, of Freiburg, throw some light

upon these questions. The experiments were made upon a man who, through a malformation, had the anus situate in the left inguinal region, opposite the sigmoid flexure. The rectum was so separated from the intestine above that matters could be introduced into it by the anus, and again washed out by a stream of water from above as from a retort. Various articles of food were thus introduced and experimented with, and the results which were obtained are thus stated :

"The human large intestine and its secretions have no digestive action upon either coagulated or fluid albumen, nor upon fat. Coagulated albumen, although left in the intestine for two and a half months, was not appreciably altered, nor was any change effected in fluid albumen in solution. After pouring in an emulsion of fat, the latter rapidly collected at the top, flowing together in large drops. Hence the large intestine not only has no emulsifying effect, but tends to destroy an emulsion already formed.

"The portion of intestine experimented upon absorbed 40 to 50 grammes of water within seven hours.

"In the normal condition, fluid albumen in solution in water can be absorbed unchanged, as such, by the large intestine, and will be taken up in larger quantity the longer it remains. Any state of irritation, as, for example, catarrh, hinders absorption or prevents it entirely. Chloride of sodium likewise interferes with absorption, but is taken up itself by the intestine in spite of an irritated condition and impaired power of absorption. The albumen of the hen's egg is in an unfavorable form for absorption. When the white of an egg is introduced into the bowel unmingled with water only a very slight portion will be absorbed, and the same is true of it, even when beaten into a froth.

"Fat in emulsion is absorbed by the large intestine, and the amount actually taken up is proportional to the concentration of the emulsion and the length of time that it remains in contact with the absorbent surface.

"Starch, when hydrated, is absorbed by the large intestine, but whether directly as such or after being changed into sugar the experiments did not determine."

It was ascertained that $1\frac{1}{2}$ grammes of albumen in a $4\frac{1}{2}$ p. c. solution could be taken up in 24 hours. Since the portion of intestine experimented with was not over one-fourth the length of the whole large intestine, it follows that the latter can absorb 6 grammes of soluble albumen in 24 hours. This quantity, however, is quite inadequate to maintain the nutrition of the body, since 120 grammes is the quantity necessary for an ordinary person. It is presumed that by using more concentrated solutions of albumen the amount absorbed might perhaps be increased.—*Virchow's Archiv*, Bd lix. 2.—*Allg. Med. Cent.-Ztg.*, 49, 1874.

A PERFECT SOLUTION OF SALICYLIC ACID.

To the Editors of the Louisville Medical News.

Quite a serious obstacle, to the use of salicylic acid, as is well known, is the difficulty of giving the proper dose in a small bulk without causing irritation, and in obtaining a solution containing the free acid which can be sufficiently diluted. The solution in strong alcoholic liquids, besides deriving irritant properties from the menstruum, deposits the acid in dilution; and, moreover, alcohol is contra-indicated in many cases to which the acid would otherwise would be applicable. In glycerin we have a substance which overcomes some of these difficulties, but is still not altogether unobjectionable. The solubility of the acid in solutions of some neutral salts of the alkaline bases has filled many indications, but the comparative quantity of the solvent required, as well as the taste of the resulting solution, has debarred many from their use, and driven them back to capsules when a dose of five or ten grains has been indicated.

In the formula which follows advantage has been taken of the solubility of the acid in both glycerin and neutral salt, thinking that by their combined use the objections to each would be in a measure overcome, since smaller quantities of each were required to obtain the strength of acid that was demanded. The salt chosen is the citrate of potash. It is preferred because of its unobjectionable taste, its ready solubility in glycerin, and its lack of properties that would preclude its use in any case calling for salicylic acid. The formula and its manipulations are as follows :

R̄ Salicylic acid.....	$\frac{3}{4}$ j- \mathfrak{D} viiiij;
Citrate of potash.....	$\frac{3}{4}$ ij;
Glycerin.....	$\frac{3}{4}$ viij;
Simple elixir, q. s. to make	Oj.

The citrate is to be dissolved in the glycerin by the aid of a gentle heat, after which the acid is to be stirred in, and a gentle heat maintained until it is completely dissolved. On cooling, simple elixir is to be added to bring it up to the required measurement. The solution is then to be strained; and when prepared with a colorless elixir is of the color of a very pale sherry. It contains five grains of salicylic acid to the fluid dram, and is miscible in all proportions with water without the separation of any acid.

This solution, under the name of "elixir salicylic acid," has been prescribed quite largely in this city for the last four years. It has been given to children as well as to adults; and although as high as one table-spoonful, containing twenty grains of the acid, has been administered at a dose, but very few cases have come to my notice in which the use of this preparation has not been well borne. However, it is not my purpose to discuss the therapeutical

bearings of this solution. The authority I have named is within easy reach, and the preparation can be easily made by any respectable apothecary, so that he who wishes may examine its merits.

J. F. FLEXNER.

Louisville.

[This is the best solution of salicylic acid we have ever used, and Mr. Jacob Flexner deserves the thanks of the profession for producing it—
ED. NEWS.] —*Louisville Med. News.*

NECESSITY OF PROVIDING CHILDREN WITH WATER TO DRINK.

Dr. Murdoch, of Pittsburg, has written a very sensible health-paper on the Causes and Prevention of Cholera Infantum. The majority of cases is to be traced to the food, and the number is greatest among bottle-fed infants—on sour milk. This cause is well known, of course, to physicians, but we doubt if the profession is at all times wholly alive to the sanitary necessity of providing water for children to drink. Dr. Murdoch says:

"Another cause of the great mortality among children is the neglect to provide them with cold water to drink. This, especially during the hot weather of summer, is the source of more deaths of young infants than all other causes combined. The explanation is simple. The little ones during hot weather perspire freely. This would not be the case if they were entirely naked, but, as is too often the case, they are kept sweltering under clothing or blankets. The water which they lose by perspiration causes them to be very thirsty; they require water. If no water is offered, they will drink freely, any fluid which is offered to them. The fluid which is offered is usually milk, often milk which has become sour by the extreme heat. The child is thirsty, but not hungry; but, not getting the water, which it does want, it drinks the milk which it does not want. The consequence is, the child's stomach becomes overloaded with food which it has not the power to digest. This food, instead of nourishing, is a source of irritation to the child's stomach and bowels, and causes vomiting, purging, cholera infantum, and death.

"Children to whom no water is offered in hot weather are like men cast away at sea with no fresh water to drink to cool their parched tongues and quench their tormenting thirst. These men will drink of the salt sea-water, and, it is said, that they go mad with the distressing thirst which they have thereby increased. The salt water which these poor shipwrecked men are tempted to drink is hardly more fatal to them than is the sour milk which is often the only fluid offered to the thirsty child.

"Water is the *sine qua non* in the management

of children during the hot weather of summer. Even children at the mother's breast should often be offered water. But to children reared upon the bottle it is indispensable. It is their life. It quenches thirst, supplies the place of water lost by perspiration, keeps up the perspiration which is necessary for maintaining the proper temperature of the body, and makes the little one comparatively comfortable. It will do all this, and it will do more; for if the child's thirst was always appeased, it would refuse food when not hungry, and would never drink milk when the milk was sour. The consequence would be that it would only take milk when the milk was sweet, and in quantities which it would be able to digest."—*Louisville Medical News.*

PILL VARNISH (HAGER).

Balsam Tolu.....	15.0 gm.
Resin.....	1.5 "
Alcohol, absolute.....	15.0 "
Ether.....	100.0 "
Boiling water.....	50.0 "

Digest the balsam with the boiling water in a water-bath for one hour, shake frequently, then decant the liquid. To the residue add the resin, and then pour on the absolute alcohol and ether. Macerate, so as to form a tincture which is to be filtered through cotton.

TREATMENT OF BARBER'S ITCH.—Brame recommends the following treatment: Shave off the hairs, or cut them very short; then apply once or twice a week an ointment composed of

R. Prepared chalk	10 parts,
Coal-Tar	1 to 4 "
Glycerine	5 "
Simple Cerate	50 "

La Duche Pharm.

PROMPT RENEWALS of subscriptions are in order. If you do not like the *Canada Medical Record* and its policy, and do not intend to pay for it, be courteous enough to say so, pay up arrears and discontinue in a gentlemanly way. If you do like it, renew your subscriptions and ask your medical friends to subscribe.

CREASOTE AND PHTHISIS.—Creasote is extensively used and highly extolled in this disease in France. The dose employed is about gr. iss, twice a day. It is said to produce marked improvement in the symptoms and signs, increase of weight, &c.—*Practitioner.*

CALOMEL is decomposed by alkalies, alkaline earths, and their carbonates, sulphides, hydrocyanic acid, bitter almonds, lime-water, iodide of potassium, iodine, soap, nitric acid, salts of iron, lead, and copper, nitrate of silver, etc. Be careful not to use soap in pills containing calomel.

ICE IN CROUP.

Dr. J. N. Norris, of Birmingham, Iowa, in the *Philadelphia Med. and Surg. Reporter*, has the following in regard to ice in the treatment of pseudo-membranous or true croup in children, and acute laryngitis in the adult:

"I am abundantly satisfied, by ample experience, that we are in possession of no remedy that will meet this indication so surely and so expeditiously as ice, and notwithstanding the apprehensions of the old women, and the condemnation of medical men in high standing, I would now no more think of treating true croup without ice, than of treating a severe attack of malarial fever without quinine.

"Let the little patient's chest be protected by two or three folds of flannel, and let a bladder partially filled with coarsely pounded ice be applied in front of the neck, and retained there closely, and as soon as the ice in the bladder becomes melted, or nearly so, let it be immediately replaced by another which has been prepared before hand, thus giving no time for injurious reaction in changing the bladders. The ice should be unremittently applied, till the last vestige of the peculiar metallic or brassy sound is no more to be heard in the cough.

"The employment of ice does not preclude the use of other appropriate measures, as a mercurial cathartic, occasional emetics, *verat. virid.*, *tart. antim.*, etc. Spasm of the glottis being an extremely distressing element in most cases of this disease, the patient should at once be brought fully under the influence of belladonna (evinced by dilatation of the pupils and capillary congestion of the face), and so kept under its influence throughout the whole course of the disease. When we study the physiological action of this medicine in connection with the spasmodic element of croup, the beneficial influence of this drug cannot fail to be seen and appreciated.

"Acute laryngitis is not a very frequent disease in this section. In a continuous practice of over 38 years I have encountered only four well-marked cases. In acute laryngitis we have not the fibrinous deposit, as in true croup, but in its stead, infiltration into the abundant loose submucous areolar tissue about the glottis, and, per consequence, death by apnoea. It is an admitted fact, that the treatment prescribed in standard works for this particular form of croup, and for acute laryngitis, is notoriously unsatisfactory in its results—failure being the rule, success the exception. It is true I have treated but one case of well-marked acute laryngitis in the adult since adopting the ice treatment. In this instance the disease was ushered in with rigor, followed by heat of surface, pulse 135, tenderness over the *pomum adamæ*, complete aphonia, painful deglutition, every movement of the tongue accompanied

with pain. Ice in bladders was unremittently applied to the front of the neck for four days and four nights; *cal. tart.*, *antim.*, *verat. virid.*, etc., were used; but without the ice I would have had but little confidence in any treatment. Permit me to say that if I were restricted to the use of but one remedy in these two inflammations, that remedy would be ice, emphatically, ice."

SUGGESTION FOR TREATING SWOLLEN FINGERS.

A correspondent writes to the *Medical Times and Gazette*, London—

Allow me to suggest to your readers the use of the material in the treatment of the swellings of the fingers, which are often tedious and painful, in persons of rheumatic or gouty constitution.

For two or three years past I have used a piece of india-rubber finger-stall in fissures and slight cuts of the fingers; and for twelve months or more I have used it in cases of thickening or deposit around the joints of the fingers after injury, with great relief to the patient. It has seemed to me that the brown finger-stalls of pure rubber are better than the black or vulcanized.

A piece of tubing may be cut into lengths of about an inch or an inch and a half. One of these can be slipped over the joint by the patient himself, after he has been taught how to do it. It should be worn constantly, day and night. The patient will soon learn how to roll it off, and reapply it after washing his hands. When it has become too loose to give the necessary support another length can be taken.—*Med. and Surg. Reporter*.

VILLATE'S MIXTURE IN THE TREATMENT OF SINUSES.

A report from the Charity Hospital, New York, in the *New York Medical Journal*, states that several deep sinuses have recently been under treatment in the surgical service, in which no necrosed bone could be found, but which proved intractable to heal. Villate's Mixture was tried, first of half strength, then in full strength. In some of the cases it proved of value, in others it failed partially or completely. The case in which it proved of most service was one of deep sinus in the neighborhood of the hip joint. The original composition of the mixture was—

R Liq. plumbi subacet,	3 j
Zinci sulph. cryst.,	
Cupri sulph. cryst.,	aa 3 ss
Aceti vini albi,	fl. 3 vjss.

The mixture was injected once a day, and proved a more satisfactory application than any other. Some patients complained of severe pain, others felt but slight inconvenience from it.

ARISTOCRATIC REMEDY FOR ITCH.

Balsam of Peru.....	1	ounce.
Benzoic acid.....	110	grains.
Oil of cloves.....	40	drops.
Alcohol.....	2½	drachms.
Simple cerate.....	7	ounces.

Dissolve the essential oil and the benzoic acid in the alcohol, and mix them with the cerate. Lastly, add the Balsam of Peru. It is said to effect a cure in twenty-four hours.

FILLING TEETH AFTER EXTRACTION—
REPLACEMENT IN ALVEOLAR CAVITIES.—SUCCESSFUL.

Dr. W. recently extracted four teeth, two of which were molars (one upper and one lower), cleaned and filled them after extraction, and then replaced them in the original alveolar cavities. The operation was successful, and the patient can use them in mastication.—*Centralblatt für Chir.*, No. 50, p. 847.

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Pharmacy.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

ASSISTANT EDITORS:

E. A. KENNEDY, M.A., M.D.

JAMES PERRIGO, M.D., M.R.C.S. Eng.

EDITOR OF PHARMACEUTICAL DEPARTMENT:

ALEX. H. KOLLMYER, M.A., M.D.

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MONTREAL, AUGUST, 1880.

CANADA MEDICAL ASSOCIATION.

We desire specially to remind our readers that the 13th annual meeting of the Canada Medical Association will be held in the City of Ottawa, on Wednesday, 1st September. We have so often expressed our opinion of the value of this Association, and of the claims which it has upon the support of the entire profession of the Dominion, that we will now only express the hope that there will be a large attendance. We publish below a list of the papers, and we would suggest to those who propose to

be present the desirability of preparing for discussion upon them. We are satisfied that, as a rule, the want of discussion upon many of the papers has not had a vivifying influence upon their authors.

Dr. R. A. Reeve, "Some Principles of Ophthalmology."

Dr. Hingston, "On Surgical Wounds."

Dr. Sewell, "Tea as a Valuable Therapeutic."

Dr. D. Clark, "On Brain Lesions."

Dr. J. Workman, "Atrophy of the Cerebellum."

Dr. Osler, 1st, "A Contribution to the Question of Spinal Paralysis. 2nd. Demonstrations of a Series of Specimens illustrating the Morbid Anatomy of the Brain and Spinal Cord."

Dr. T. K. Holmes, "Surgical Treatment of Laceration of the Cervix Uteri."

Dr. Oldright, "Some Common and Mischievous Defects in House Drainage illustrated by Apparatus."

Arrangements have been made for reduction of rates to members on presentation of their certificates. These may be had from Dr. David, Montreal, General Secretary, or from the following local secretaries: Dr. Wright, Ottawa; Dr. Ross, Montreal; Dr. Wickwire, Halifax, N.S.; Dr. Allison, St. John, N.B.

COLLEGE OF PHYSICIANS AND SURGEONS OF QUEBEC.

We direct attention to the advertisement of the College which will be found upon our advertising sheet. The preliminary examination takes place on Thursday, September 23rd. The semi-annual meeting of the Board of Governors of the College takes place on Wednesday, September 29th. Both these meetings are held at Quebec.

CLORINDA.

OR, THE RISE AND REIGN OF HIS EXCELLENCY EUGENE ROUGON.

To those persons who knew Paris during the reign of Louis Napoleon, each character in "Clorinda" bears a name; even the fair American, of whom mention is made in the description of Compiègne, is recognized—although Zola himself, in speaking of this work

says distinctly: "In it I have studied temperaments rather than characteristics—this is the distinguishing feature of my writings. I have chosen persons governed by their nerves and their blood, deprived of free agency, and impelled to each act of their lives by the fatalities of their flesh." That Emile Zola has painted the days and times of the Imperial Court of Napoleon III., with a powerful and vigorous pencil is very certain—as he had many opportunities of knowing of what he writes, for, if we are not mistaken, he was at one time the Duc de Morny's private secretary, and as a picture of the manner in which a scorned and slighted woman avenges herself, this work is absolutely without a parallel. The restless ambition and the gnawing sense of defeat, as depicted in the character of Eugene Rougon, carries with it a sense of reality which strengthened the conviction that the character was drawn from life, while the Duc de Morny is also easily recognized as one of the principal characters in the work. "Clorinda" is complete in one volume, in uniform style with "Nana," "L'Assommoir," and "Dosia," and will be found for sale by all booksellers and News Agents, and on all Railroad Trains, or copies of it will be sent to any one, to any place, at once, on remitting the price in a letter to the Publishers, T. B. Peterson & Brothers, Philadelphia, Pa.

PERSONAL.

Dr. Spencer (M.D. McGill, 1879) is about to remove from Montreal to Harbour Grace, Newfoundland.

REVIEWS.

Theory and Practice of Medicine. By FREDERICK T. ROBERTS, M.D., F.R.C.P., Physician to the University College Hospital, London (with illustrations). Third American from the fourth London edition Philadelphia, Lindsay & Blakiston. Montreal, Dawson Brothers.

We have upon more than one previous occasion expressed our opinion upon the high character of this work. An almost daily use of it during the past three years has more than confirmed our estimation of it, and we now have not the slightest hesitation in placing it in the very front rank of works upon the practice of

medicine. The rapidity with which new editions of some works are brought forward does not in our opinion indicate their popularity, but it is different with the work before us. Its terseness and conciseness, yet withal its fullness, has so pleased those who purchased it that its value has become thoroughly recognized. As a result a legitimate demand has been created, and a call for fresh editions made. In the present volume we notice that many additions have been made, bringing it fully up to the times. The chapter on diseases of the absorbent system has been improved by reference to Bradley's work on diseases of the lymphatic system, and the Gulstonian lectures of 1879 on the same subject. In the chapter on diseases of the nervous system the very latest views of Ferrier, Charcot and Hughlings Jackson are given. The germ theory is discussed, and the latest from this field of observation faithfully recorded. Dr. Roberts is on this subject not as pronounced in his views as we would have wished him to be. Although non-committal, we think his leanings are towards the truth of this theory. Some few illustrations are added, which add somewhat to the value of the book. The manner in which the publishers have done their work is admirable.

Elementary Anatomy, Physiology and Hygiene for the Use of Schools and Families. By EDWARD PLAYTER, M.D., editor of the Sanitary Journal, Toronto. Toronto, Hart & Rawlinson, 1879.

One pleasant sign of the onward progress of our Dominion is the appearance now and again of original works upon scientific subjects from the pen of our own men. The little work before us is written by one who during the last six or seven years has done a noble work in enlightening the Canadian public upon sanitary matters through his Sanitary Journal. His qualification for such a work is undoubted, and a careful examination of it enables us to say that he has done his task admirably. It is well written, is fully up to the times, and the illustrations are all that could be desired. We trust the Canadian public will appreciate it, and we strongly recommend its introduction in our schools. The better educated the growing public are in the physiology of their being, the better chance there will be for scientific medicine, and the less for those charlatans who prey upon the public through their fears.

Transactions of the College of Physicians and Surgeons of Philadelphia. Vol. 4, 1879.

This volume, like those which have preceded it, gives ample evidence that the College of Physicians of Philadelphia is comprised of active, intelligent and enthusiastic workers in the field of Medical Science. The various papers are well written, one of the most interesting being a case of spinal paralysis due to so-called spinal exhaustion from over sexual indulgence. The patient was only twenty-five years of age, and in many respects the symptoms are analogous to those present in the case of spinal apoplexy published by Dr. Wilkins (Professor of Physiology in Bishop's College, Montreal) in the May number of this Journal. The paper is from the pen of Dr. Tyson. His patient fortunately recovered. There is also an interesting paper on Medical Missionary work in Japan.

Reports to the St. Louis Medical Society, on Yellow Fever, St. Louis, Mo. GEORGE O. RUMBOLD & Co., 1879.

These reports are most exhaustive, and to those interested in the story of this very fatal disease, almost we believe unknown in Canada, they are of great importance. They certainly prove the great value of quarantine; also that the disease may be robbed of much of its fatality and productiveness by a rigid enforcement of sanitary laws.

"*The Strangers of Paris*," Adolphe Belot's last and best novel, is one of the most fascinating and interesting romances ever written, as well as powerful and graphic. It has been dramatized, is now the great dramatic sensation of Paris and London, and is to be performed throughout the United States at all the principal Theatres in the fall. "*The Strangers*" is a story of rare power, written in bright crispy sentences, and right up to the point. It deals with a mysterious murder committed in Paris, and the ingenious means taken by the police to discover and capture the unknown assassins. The reader follows the rapid development of the plot breathlessly, is kept in a state of constant excitement by the movements of the detectives and the murderers, and does not feel willing to lay aside the book for a moment until the stranglers are finally trapped and sentenced. The novel is worthy of Wilkie Collins or Emile Gaboriau, and though

highly sensational is not in the least trashy. It is certain to find hosts of readers. "*The Strangers*" has been translated in the most thorough manner by the well-known and popular translator, George D. Cox, and the reproduction is faithful and complete. It only remains to say that the romance is as pure as it is fascinating, and a credit to the gifted author of "*Article 47*."

This book will be especially interesting to the Legal and Medical mind on account of its extraordinary evidence in both branches.

Price 50 cents in paper, or \$1.00 in cloth, and is published by T. B. Peterson & Brothers, 306 Chestnut street, Philadelphia, Pa.

Messrs T. B. Peterson & Brothers, Philadelphia, have in preparation a Sarah Bernhardt edition of the younger Dumas' powerful novel, "*Camille: or, The Fate of a Coquette*." The work will be highly important as a complete key to Mlle. Bernhardt's conception of Camille. It will also be a fitting souvenir of the great French actress' visit to this country, and on the cover will be found a capital portrait of her. Paper cover at a low price.

Henry Greville's new Russian story, "*The Trials of Rassia*," is speedily to be published by Messrs. T. B. Peterson & Bros., Philadelphia. It deals with life and love in the far-off dominions of the Czar, and is full of interest from beginning to end. No one can write a Russian novel like Henry Greville.

Petersons' popular "*Dollar Series*" is soon to be augmented by the addition of "*One for Another*," a sparkling society story. This novel has a strong plot, well-defined characters and continuous interest. All readers of fiction will relish it. Publishers, T. B. Peterson & Bros., Philadelphia.

"*The Black Venus*," now in press by T. B. Peterson & Bros., Philadelphia, is a thrilling novel destined to create a sensation of no ordinary kind. The scene is laid in the unknown regions of Central Africa, and the slave traffic engrosses attention. No better description of the cruel and ferocious dealers in human flesh was ever given than in this great novel. It was written by Adolphe Belot, and the Kiralfys' grand spectacular play was founded on it.

THE CANADA MEDICAL RECORD.

VOL. VIII.

MONTREAL, SEPTEMBER, 1880

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CONTENTS.

ORIGINAL COMMUNICATIONS.

	PAGE
Treatment of Surgical Wounds, by W. H. Hingston, M.D., L.R.C.S.E., D.C.L., Surgeon to Hotel Dieu, Prof. of Clinical Surgery, Montreal School of Medicine, 301—Ectopia Renalis, by W. Marsden, A.M., M.D., ex-Présid. College Physicians and Surgeons of the Province of Quebec, &c., 307—Tea as a Valuable Therapeutic, by James A. Sewell, M.A., M.D., Dean of the Medical Faculty of Laval University, Quebec.....	310

CORRESPONDENCE.

	PAGE
Letters from Readers.....	313
PROGRESS OF MEDICAL SCIENCE	
Elixir Chloroformi Compositus, by W. F. McNutt, M.D., L.R.C.P., Ed., 313—Arsenic in Heart Disease, 313—The Chloroform Question, 313—Iodide of Ethyl in Asthma, 315—For the Cough of Tubercular Laryngitis, 315—The Treatment of Diphtheria, 315—Should Teeth be extracted during Pregnancy, 316—Strangulated Hernia in Private	

PAGE

Practice, 317—A New Remedy for Dysentery, 317—Prolapse of the Rectum in Infants, 317—Lancing the Gums in Dentition, 317—Treatment of Alcoholism, 318—The Hot Bath as a Restorative, 318—Bromine in Laryngeal Croup, 319—Venereal Warts.....

EDITORIAL.

Sale of Poisons, 320—Quackery, 320—Literary Note on Vivisection, 320—Personal, 321—Canada Medical Association, 321—Married.....

Original Communications.

TREATMENT OF SURGICAL WOUNDS.

By W. H. HINGSTON, M.D., L.R.C.S.E., D.C.L., Surgeon to Hotel Dieu, Professor of Clinical Surgery, Montreal School of Medicine.

[Read before Canada Medical Association at Ottawa, September 2nd, 1880.]

More than two hundred years ago, Ambroise Paré, who loved to style himself *Conseiller et Premier Chirurgien du Roy*, under the head, *De la curation des playes en général*, wrote in quaint old French thus: "Le chirurgien pour la curation des playes se doit proposer une commune indication, qui est union des parties divisées, laquelle est notoire, mesme aux idiots. Car ce qui est séparé, montre facilement qu'il doit être rejoint, d'autant qu'union est contraire à division; mais par quel moyen, et comment la dite union doit être faite, n'est cogneu d'un chacun."

A gaping wound, caused by the surgeon's knife (and to this class alone allusion is made in this paper), appeals as eloquently for closure and union, as did the poor dumb mouths in the body of the dead Cæsar. The mode and manner of making the wound are laid down with a precision almost mathematical, and those mechanical actions, directed by the hand, à titre de remède sur l'homme infirme ou malade, have their

limits accurately defined. Not so, however, the treatment of the wound thus made.

Yet are there but two methods of treating wounds; but two general methods, however widely they may be made to differ in detail. 1st, to obtain immediate union, or by first intention; or, 2nd, to obtain mediate union, or by second intention.

It is not necessary to allude to that third quasi method, secondary immediate intention, the "*réunion immédiate secondaire*" of French writers.

It is not long since union by second intention was alone spoken of; and surgeons the most distinguished had the habit of, either through ignorance or design, preventing that union by first intention which modern surgeons so much desire, yet not always acting as if desirous of obtaining it.

The time is past for filling the wound with compresses of lint, or of sponge steeped in some irritating fluid, as the ancients did; or for having them touched with heated irons, as Heliodorus did; or for filling them with garlic or salt, honey, flour or eggs, as Paul of Eugeneata did; or with styptics, as the Arabs did; or with a bag of wool, as Helden did; or with a bullock's bladder, as Wiseman did; or with other equally ingenious methods of defeating the object had in view in the treatment of most surgical wounds, the most elegant perhaps, yet not the least mischie-

vous, that of anointing the cut surfaces, and of leaving in the wound perforated pieces of linen loaded with simple or other cerate, according to the fancy of the surgeon, as surgeons within my own day have done.

Still, while now-a-days we avoid those extremes of mischievous meddling, we sometimes drift into a meddlesomeness not less mischievous, and with less excuse than had those who preceded us.

The practice, until thirty years ago, was not immediately to approximate the surfaces of wounds after amputations. British surgeons, led by Hey, adopted it generally; French surgeons, and chiefly Pelletan and Larrey opposed it; but equally great men, and chiefly Dupuytren, Delpech and Roux advocated it, and it at length became as general in Paris as in London. But again the practice was called in question, and chiefly by the men who had recommended it whom I have already named.

It will, I think, be readily conceded by every surgeon that the proper dressing of a wound after an operation has as much to do with its success as has the mode of its performance.

Is it desirable to have union by first intention, or is it desirable to have what is termed a healthy suppurating wound to unite by second intention? Most surgeons now-a-days are of opinion that the former method is desirable where practicable; most, yet not all, for some contend that, while union by second intention is more tedious, the suppuration established prepares the patient for those changes which *must* take place in his system as a result of the operation; whereas others hold that in union by first intention patients suffer less, pain is slight, there is no fever, no inflammation, no suppuration, and a better and a firmer stump. Arguments such as these long ago induced military surgeons to endeavor to obtain this much-desired union, while surgeons in civil practice pretended they had even better grounds for not desiring primary union. It was formerly claimed by the opponents of primary union, as it is claimed by them to-day, that effusions of blood between the cut surfaces, and beneath the muscles, must necessarily lead to suppuration. In my early days ample provision was made between the sutures, and at the most dependent part of the wound, for the escape of the looked for pus. It never occurred to one to doubt the formation, in

due time, of pus. I had never seen but one amputation without subsequent suppuration, and why there had been no suppuration in that as in other cases I could not determine. It never occurred to me to doubt the advantage of primary union in cases where the soft parts could be easily brought together, and when the flaps, and the parts they cover, are healthy; but the confounding of tissues so diverse, as skin, muscle, tendon, bone, connective tissues, nerves and blood vessels and blood clots, besides the foreign bodies from without, seemed sufficient to shut out all hope of union by first intention. I was surgeon for several years to the Hotel-Dieu, without having, but once, seen complete and entire primary union of a large surgical wound. Experience now tells me that primary and permanent union can be obtained in by far the greater number of surgical wounds by attention to details which, at first thought, may appear quite unimportant. Chief among these details, may be mentioned the following:

1st. The soft parts must have been divided cleanly and by a single stroke. There must be no deviation of the trenchant instrument from its *continuous* course; no partial withdrawing of the knife to again advance it, not always, perhaps, in precisely the same line, thereby leaving tissue wholly or partially separated from the general organism.

2nd. The flaps must be constructed so as to fall easily and neatly into the desired position and be sufficient without stretching, dragging or even coaxing.

3rd. Before being brought together, the wound must be quite dry. No bleeding, no sweating, even, of the surfaces must exist. Every vessel must have been closed *without* ligature, either by forcipressure, acupressure or torsion. (I mention these methods in the order, as they appear to me, of their general value.) If the vessels are small, forcipressure always; if large, acupressure generally, and sometimes torsion, though I rarely, very rarely, adopt the latter method.

4th. Before approximation of the surfaces everything must have been removed. And here perhaps one of the most important details in the dressing is systematically neglected. To dry the free surface with a sponge; or to dip down into the little wells and cavities of the

wound, and to suck therefrom the fluid, is not sufficient. Sponges, even of the best quality, suffer shreds and pieces to fall off, too small perhaps to be noticed, but not too small to be sources of irritation and therefore of suppuration. The wound should be deluged with tepid water to wash away minute clots and hardened *liquor sanguinis*, but more than these, the bone dust which the saw has separated, and which will not be taken up by a sponge; and the parts should be so held that the water will flow away readily.

5th. The wound should be so brought together that the surfaces shall be made to touch each other throughout their whole extent without enclosing atmospheric air; that there shall be coaptation, and not undue pressure.

6th. The edges should be kept in intimate approximation by sutures, and not by adhesive plaster. Those near the edge should be closed loosely; and upon the deeper ones, and those far from the edges, should be imposed the task of holding the parts together.

7th. The wound should remain uncovered, and neither cerate nor linen, nor plumasseau should be applied. There should be no bandage to press unduly, or not at all, and collect and retain the excreted matters and necessitate the handling of the part when absolute rest of the part is imperatively demanded. The wound should be allowed to remain at perfect rest, and should not be touched till all the sutures are removed. If all goes on well the deep ones may be removed first—at the end, generally, of the second day, and those near the edge on the third day, should union be found complete. In amputation of the breast nothing further is required, but in amputation of the arm, thigh, or leg, undue pressure of the soft parts against the cut end of the bone must be prevented. Some years ago I amputated a man's thigh for disease of the knee joint. Everything looked well till the sixth day, when it became evident that, although the flaps were abundant, the femur pressed unduly against the upper flap. Soon the skin became shining, and showed evidence of approaching perforation. In an adjoining bed a boy was under treatment for hip joint disease; and the extension apparatus on him at the time suggested to my mind a similar expedient to prevent protrusion of the bone. I adopted the weights and pulley—not

pulleys—with happy result. Since then I have continued to use the same method as a means of coaptation, and to draw away slightly the tender soft parts from the angular cut bone. I am not aware that any similar expedient has been adopted by other surgeons. If it has, I can only here proclaim my ignorance of it. Thoroughly reliable yet non-irritating plaster must be used in those cases for extension purposes (Martin's of Boston, I consider the best), and the weight used should be sufficient for the object in view. The patient's feelings are the best guide, and I have invariably found, after amputation of the arm, thigh or leg, that a moderate weight invariably gives relief.

8th. As there are no bandages around or over the stump, and no covering of any kind, there is no place for warm or cold water dressing, and neither is used.

This method of treatment is far more simple than any hitherto suggested. Most German surgeons many years ago discarded heavy dressings around the stump and substituted light ones, which were kept continually wet with cold water. But the credit of this improvement is due rather to the Spaniards than to the Germans, and Costello, physician to Ferdinand VII., states that the practice was general throughout Spain.

In the Franco-Prussian war, the Prussian surgeons substituted, in great measure, warm for cold water. This was certainly a move in the right direction, as cold water after the first few hours is absolutely hurtful as well as painful. Warm water is more agreeable, but without a linen covering, and without either warm or cold water dressings, the part is far more comfortable.

Air dressing has also this advantage: the parts may be seen without being touched. Touching a healing wound, however lightly, is mischievous in the extreme. No intelligence of value can be gained by the sense of touch. Lymph, connected with the surrounding tissues, organizable and being organized, detached at the touch of the too curious finger, is at once a foreign body. No longer susceptible of organization, it must be washed out of the wound by suppuration as certainly as if it were a thorn.

I hope it will not be considered too elementary to state what is a foreign body. The term is not a happy one, for it at once conveys to the

mind an idea of something extraneous, something foreign to, the body altogether; something heteromorphous; whereas a foreign body may exist within the body, and may even again be taken up, be absorbed and disappear having been eliminated from the system, in a changed form, through the ordinary excretories. A foreign body may indeed be absorbed and disappear. We see that process in a specific bubo, when morbid matter, the virus of chancre, is carried by the lymphatics from the point of infection to the gland of the groin or elsewhere. Symptoms of inflammation in the glandular structure manifest themselves, and evidences of suppuration subsequently occur; but every surgeon knows that, one or two days later, all evidence of pus may have disappeared. So frequently is this the case that it is not the part of a prudent surgeon to promise to open a bubo on the morrow, when the morrow may have obliterated all trace of pus, and that, too, without being attended with any signs of pus absorption or of pus poisoning.

What is meant by foreign bodies in surgical wounds? Not alone what enter from without, but what depend from within the body itself, and chiefly blood and its constituents. At the very moment of division of a part exosmotic action, excited by the stimulus of the knife, goes on with more than usual vigor. The exuded product may not always be visible, for hidden away in pockets here and there the blood or liquor sanguinis may remain in quantity too great to be absorbed, and in a short time, acting as a foreign body, though of the body, requires to be expelled from the wound where it was creating mischief.

To provide against this pent up liq. sanguinis tents and drainage tubes are used nowadays somewhat extensively. The introduction of a tent or drainage tube in a recent and clean wound is, in my opinion, objectionable, and should never be practiced unless foreign bodies are known to exist, and cannot be got rid of save by an extensive or a hazardous dissection. The use of tents and drainage tubes is painful. They cause irritation, inflammation, suppuration. They do, they can do no good in a recent and properly constructed surgical wound. They may be necessary at a later period in an ill-constructed or an improperly cleansed wound. It is strange the unanimity of ancient surgeons, even to the

time of Galen, on this question; and our modern Chassaignac, who has laid the science of surgery under such deep obligations, when he furnished his tube de drainage, now so generally used, never dreamed it would be inserted between the lips of a fresh wound to prevent that union between them so much desired.

Galen, in his 4th meth., says that every single wound, however deep, demands that there shall be nought between the lips which could prevent their agglutination, and it was reserved to modern surgery to depart from so wise a counsel. According to Galen, there are five principal objects to be held in view: 1st. To remove foreign bodies; 2nd. To approach the lips of wounds; 3rd. To maintain them in apposition; 4th. To preserve the temperature; 5th. To correct any accidents that may arise on the road to union. This, viewed with all the acumen of modern surgery, is the whole law. How is it observed? Within the past few months a gentleman reached this city (Montreal) minus a limb. He had splintered it with a fowling piece; and amputation followed at once. The operation was nicely done, and the flaps were perfect in form and adaptation. But to make assurance doubly sure; to provide for suppuration which might not occur, horse hair tents were laid along the bottom of the wound. I need hardly say the horse hair tents had done their duty well, and suppuration was well established. Once established, and established in all probability by the horse hairs, the latter served to convey without the body what they had alone, perhaps, created within it. This is a retrograde movement, but it is a general one, either with the horse hair, or hemp, or twine, or silk, or Chassaignac's *tube de drainage*, or fluid or gaseous bodies.

But if we fail in obtaining union by first intention within a few days; if blood; or liquor sanguinis; or water; or the debris of a sponge; or the saw dust from the bone; or the deep mourning beds from beneath the operator's finger nails or those of his assistants; or the too often neglected pent-up air, has been left within the wound, and the skin closed over all, local reaction is soon manifested; swelling, redness and afterwards, fever, follow; and within the stump an abscess is formed bound, on the one side by the skin, and on the other by the divided muscles, nerves, lymphatics, blood

vessels, bone, the sutures must be removed quickly and freely, and the collected pus allowed instant issue, otherwise it penetrates the newly divided tissues, dips down between the muscles, between their fibres, along the periosteum, and even between it and the bone, inflaming them all, and requiring weeks and months, perhaps, of an exhausting suppuration to be cleansed again. Abscesses in a stump are very different from other abscesses. In most cases they are between the aponeurosis and the skin, and the aponeurosis being a fibrous tissue, and of low vascularity, resists absorption better than the skin. In the cut parts of a stump it is otherwise. But this is a part of the subject into which it is not my purpose to enter, further than to say that, as our every effort in this second instance is to cleanse the wound of pus and debris, it was, or should have been, in the first instance our endeavor to cleanse the wound of material giving rise to the formation of pus. For suppuration, as Richard states, ever commences around a foreign body, and indicates its presence though that foreign body may be a point in the organism where life is extinct or in peril.

When, then, the liquor sanguinis has lost its physical qualities; when the wound begins to purge (to use a pregnant word); when the surface becomes soiled and stained, and the secretions foul and bearing their burden of dying and dead tissue, though minutely divided, the course of treatment hitherto pursued must be changed. This is the period of greatest anxiety as it is the period of greatest malignity, when the wound must be thoroughly cleansed and kept clean till little red elevations appear on the surface, harbingers of a return to a forward movement, which, though tardily, conducts to union. It is not the pus during this anxious period (the third to the eighth or ninth day) which is to be dreaded. Pus has not the malignity which is ascribed to it. Changed and turbid plasma, it is but the vehicle for a variety of substances to find their way out of the body—foreign bodies in the wound or of the wound, and those imponderable immeasurable elements of malignancy which we term virns.

This is the period when antiseptics are of greatest value: sulphate of alumina, alcohol, salicylic acid, and more than all, and better than

all, carbolic acid diluted with warm water and used freely.

It has been contended, and very generally believed, that in the healing of wounds a new force is generated, to wit the *reparative force*. The reparative force is not at all a *new* force. It is a new force so far as our vision is concerned, but the reparative force is but the continuation, now visible through the divided structures, of that force which obtains at every instant of our existence; that perpetual action of the liquor sanguinis through the walls of the vessels, and chiefly of the capillaries, by which the whole organism is constantly undergoing change and renewal. It may, and undoubtedly does happen, that the reparative force, after an injury, is called into greater activity than before. The stimulus to the part when the wound was created would alone be sufficient to increase the activity of that already existing force. But *before* the creation of the wound, the force existed. *Before* the creation of the wound liquor sanguinis transuded through the walls of the capillaries to repair the incessant waste; and *after* the creation of the wound liquor sanguinis transudes through the walls of the capillaries with greater activity to repair a greater waste, and to form a newer but a like fabric. It is not the blood poured out from the cut ends which agglutinates; and it is not the blood from the cut ends which repairs and renews. The blood from the cut ends of arteries, veins, or capillaries interferes, and interferes most seriously, with the reparative force. Binding up a wound in its own blood is therefore a mistake, unless the binding process presses out from the wound all the blood which is external to the vessels. Healing, uniting, agglutinating the surfaces of a wound is a forward movement: the plasma bathes the divided parts, and is elaborated from the transuded fluid, and the new tissue becomes organized. But when circumstances are not favorable to this forward movement,—this movement towards organization—the movement is retrograde. It is now a movement not to deposit and build up, but to liquify, absorb and take away. A movement a fine towards supuration. In a living body there is no rest: there must ever be a forward or a backward movement, although both these movements may coexist. But how differently appears the plasma in the forward and in the backward

movement. In the former the plasma or the liquor sanguinis is translucent and diaphanous as crystal. In the latter it is thick, turbid and yellow, and bears another name. But though bearing another name—pus—it is still the same liquid changed only in physical qualities. The pus globules which now exist in greater or less quantity in the liquor sanguinis, and give to that liquid its turbidity, are said by histologists to be found in many tumors, and normally in mucous and serous membranes. But when they are found in greater or less abundance in the exuded liquor sanguinis, which till then was translucent, they always indicate a hurried troublous state of the organism. I should wish these two dissimilar movements to be borne in mind when considering the question of union of a wound.

If, as I elsewhere stated in a surgical wound, suppuration, is the result of irritation, to what unnecessary irritation is a wound exposed under the manipulations of the surgeon and his assistants, and chiefly the assistants. Though the former wields the knife he divides the tissues, or should divide them cleanly, and at once; and the blood "rushing out of doors" washes into oblivion all sense of the irritant. But the assistants with their sponges, pressing persistently and again down upon and mopping the sensitive divided structures, recall and maintain the irritation. The too free use of the sponge prevents all chance of primary union. The ophthalmic surgeon sets an example in this matter which surgeons generally would do well to follow. When operating upon the eye the rapidly flowing tears, tinged with blood, are *received* at the outer or inner commissure, as they overflow, by some bibulous material. If the imbibing material is advanced beyond the commissure, it is to suck up from some sulcus the fluid that will not overflow. But the conjunctiva lining the eyelid, or covering the eyeball is not rasped by a bearded sponge. And yet the divided tissues entering into the formation of a flap are not less sensitive than is the undivided, or even divided, conjunctiva or cornea.

It may be expected I should allude to that method of treatment which has occupied and is occupying so large a share of the attention of the profession. Hitherto have I said nothing of Listerism? nothing of antiseptic surgery? Of

the former, 'tis true, I have said nothing; but of the latter, much. But I may observe: there can be no successful treatment of a surgical wound which does not recognize the ever impending possibility of septic poisoning and the necessity for its prevention. To guard against septic poisoning in surgical wounds is the object of this paper, too short, indeed, for my purpose; too long, I fear, for yours.

(As the discussion which followed the reading of Dr. Hingston's paper elicited some practical observations from his auditors, and from himself, we give those observations here, instead of at another place under the heading of the Association's proceedings at Ottawa. ED. M. R.)

Dr. Brodie of Detroit was of opinion that the simplest dressings are the best; attached much importance to cleanliness; arrested hæmorrhage with warm instead of cold water; and handled the wound as little as possible afterwards.

Dr. Goodwillie, of New York, agreed fully with Dr. Hingston in the general principles laid down; and thought cleanliness and dryness of the flaps of the greatest moment.

Dr. Fulton, Toronto, was not a believer in Listerism as practised; he opposed the use of drainage tubes in a recent and clean wound; thought them unnecessary and certain to create irritation and suppuration; was in the habit of lightly covering the cut edges with cotton; thought the cotton aided in maintaining apposition.

Dr. Stewart said with reference to Listerism, in which he was a believer, that carbolic acid had the property of organizing the blood clots left in a wound after an operation.

Dr. Sullivan (Kingston) expressed his admiration of the paper and the manner in which it had been submitted to the section—embodying as it did the experience of one whose opportunities for clinical observation were equal to those of any one in the Dominion. He (Dr. Sullivan) wished to be informed as to the best method of applying the plaster to the flaps in order to obtain extension; he asked if torsion, in the opinion of the writer, did not take the bleeding artery from its bed and leave it partially detached, and with its vitality imperilled, in the wound; he also wished to know how long Dr. Hingston would wait before closing the wound; and why, in speaking of weights and pulleys in the treatment of wounds

of the long bones, urged the use of pulley and not pulleys, as in extension in morbus coxæ.

Dr. Canniff (Toronto) said the paper was an eminently practical one, and contained suggestions of great value. It simplified very much the treatment of surgical wounds, but at the same time he expected to hear something of Listerism, and of its utility in surgery. He had confidence in antiseptic surgery, though he could not agree with one of the speakers, (Dr. Stewart,) that carbolic acid had the power of causing the organization of blood clots. He believed that neither carbolic acid nor anything else had that power. If absorption of a clot took place, it was a clot of fibrine more or less colored.

Dr. Hingston, in reply, said: As Dr. Brodie and Dr. Goodwillie have not taken exception to any portion of my paper, but agree with the general principles, I have nothing to reply further than to mention my gratification at its endorsement by the two distinguished delegates of the American Medical Association.

Dr. Fulton, while he expressed general views similar to my own, says he is in the habit of covering the cuts with cotton. I consider this dressing as perhaps the least objectionable, as the open nature of the dressing permits the wound to be seen; but it has this objection, it requires handling to remove it, or to get at the sutures beneath it.

In reply to Dr. Stewart, I should deny to any antiseptic, carbolic acid included, the power of organizing blood clots. Dr. Canniff has given us the only explanation possible of the change which may occur in effused fluid.

Dr. Sullivan has asked me a number of questions in a way which shows his familiarity with surgical science:

1st. As to the method of applying the plaster for extension purposes. Deltoid-shaped pieces are placed along the limb, as for extension in morbus coxæ; the ends are allowed to project beyond the end of the stump, and are allowed to approach each other or run parallel as coaptation or pressure may be required.

2nd. One pulley is used, and not two, and for this reason: a single pulley, and a single cord passing over it, permit the patient to assume the prone or supine position at pleasure; whereas with a double cord and two pulleys there

would be lateral traction on every change of position.

3rd. Torsion does, I think, what Dr. Sullivan states, and for that reason I do not use it, save in the absence of Pean's forced-pressure forceps or acu-pressure needles, a contingency which could not arise in hospital, or even in private practice, except in case of accident.

4th. As to the time of waiting before closing a wound, that depended on circumstances. Where the parts are vascular, and all the minute vessels could not be readily seized, delay would be considerable. But time is no element in the treatment. The *continued* shock is a bugbear. As in ovariectomies, less attention is given to the duration of the operation than to the thoroughly clean and dry condition of the wound.

In reply to our distinguished Chairman (Dr. Canniff),

I may say that to touch upon Listerism in my paper would be to open up an almost endless discussion upon what is not germane to the subject. I may state briefly, however, my belief that carbolic acid has its place and power in the treatment of surgical wounds. Its place, as an antiseptic in suppurating wounds, is the foremost; its power there as a cleanser is greater than that of any cleanser I have used; and its miscibility and volatility render it the most readily and most generally available of all remedies. But, while admitting this most cheerfully, I contend that its place is not between the clean-cut surfaces of a surgical wound; its presence there is unnecessary; there its power of good is nil; and, without it, union by first intention can be more readily obtained. It is an irritant, though not a durable irritant. If, however, it be so largely diluted that its irritant qualities be reduced to a minimum, the *mechanical* action of the vapour in which it is carried may do good; while the acid will be too feeble to do harm. But in hospitals a new set of influences is in operation. There the wound is often surrounded by an atmosphere more or less impure. The practice adopted by many London surgeons of impregnating the air of the room in which the operation is performed before the surgical procedure is begun, and during its continuance, is the one which appears to me the most reasonable under the circumstances, and it is the method I have adopted in major operations generally. I may state that in my last six ovariectomies in the hos-

pital, atomizers were made to pour out carbolic acid vapour from early morning till eleven o'clock, when the operations were begun; and they continued their work around the wound, not into it, till the work was complete.

A strong impression as to the little value of the antiseptic in recent wound was made on my mind on the occasion of my last visit to Europe. Syme and Simpson, Edinburgh's greatest teachers, were living at the time. The latter invited me to be present when he removed a breast. Before the operation was begun, he said to me: "Come every day, and see how this case gets on—I promise you there will not be one drop of pus"! I am free to admit I thought the promise a bold one. I visited the case till union was complete; and, as had been promised, was formed "not one drop of pus." At about the same time I saw Mr. Syme perform the operation on the foot which bears his name. It is needless to say it was well done, and with antiseptic precautions. But before the integument was sutured, it was perforated at the most dependent part, and a piece of lint soaked in carbolic acid and linseed oil was put through it. I ventured to ask Mr. Syme what that was for: "to permit the escape of pus," was the reply. "Then you expect pus, Mr. Syme?" "Certainly," was the answer. This promise also was fulfilled, and pus did form. Their two modes of operating impressed me strongly, but not in the same manner. Simpson's method, as on the occasion referred to, has influenced my practice ever since; and the adoption of his method, with such modifications as I have mentioned in my paper, has given results with which I have reason to be satisfied. To gather statistics generally would be endless; to quote opinions, useless. But I shall take statistics furnished by a distinguished surgeon near home, and I believe them to be thoroughly reliable. The time occupied in the healing process in those cases, if that process was one of second intention, was short indeed; and I gathered it was second intention from the circumstance that the drainage tube had been used. I am open to correction, however, on this point. Another claim put forward in the statistics referred to was the less frequent occurrence of erysipelas in hospital now than formerly, before the use of antiseptics. I venture to suggest that the comparative freedom from erysipelas now is due to the greater attention to

cleanliness. And I am led to that conclusion from the fact that in the Hotel-Dieu hospital, where ventilation is not what could be desired, but where cleanliness of and around the patient obtains to a degree which almost ceases to be a virtue, and where, in surgical cases, absolute cleanliness, in and around the wound, is sought for, erysipelas is of extremely rare occurrence. Indeed, I cannot recall but a couple of instances in my wards in nineteen years' attendance.

Dr. Bell said in the cases referred to union had occurred by first intention in every single case. He was not aware whether the fact was expressly stated in the article in question or not, but could assure Dr. Hingston that such was the case. These cases, moreover, were all major amputations, and drainage tubes were inserted at the angles of the wound; but all along the face of the wound primary union occurred with wonderful rapidity.

ECTOPIA RENALIS.

W. MARSDEN, A.M., M.D., Ex-president College Physicians and Surgeons of the Province of Quebec; Ex-president Canadian Medical Association; Governor College Physicians and Surgeons, Province of Quebec; Fellow Medical Botanical Society, London; Cor. Member London Medical Society; Honorary Fellow Berks Medical Institute and Lyceum Natural History; Fellow Medico-Chirurgical Society, New York; Cor. Fellow Obstetrical Society, Edinburgh; Member Gynecological Society, Boston, etc., etc., etc.

Read before the Canada Medical Association at the 13th Annual Meeting at Ottawa, September, 1880.

Movable, Migratory, Loose or Floating Kidney, are all terms which may be appropriately applied to the species of organic lesion which forms the subject of this short paper.

I apprehend that this *ectopia* is of much more frequent occurrence than is generally suspected or known, and my object in bringing it before this Association is not intended to add anything new to our Clinical Pathological Literature, but to draw the attention of my professional brethren to the fact of its obscurity and probable frequency.

Although I have been in an active practice for upwards of fifty years, I have had only one ascertained case of this luxation, but I am justified by several writers in assuming both its obscurity and its frequency.

Ebstein * says, many cases of long contin-

* Ziemssen's Cyclopædia of Medicine, Vol. 15, page 764.

ued abdominal pains and obscure disturbances in the lower part of the abdomen are primarily due to moveable kidneys, which will escape notice so long as an objective examination is not made.

Rayer seems to have been the first writer to give a comprehensive clinical history of moveable kidney which has had any influence on medical practice, and Trousseau has followed in his wake, making it the subject of one of his learned and instructive lectures.

Dr. Walther of Dresden examined a great number of persons, and found moveable kidneys in many in whom the anomaly caused no symptoms whatever, so that the patients were entirely ignorant of its existence. An accurate estimate of the frequency of this lesion is consequently impossible, since, as a rule, only those cases come to the physician's knowledge in which the anomaly causes troublesome symptoms, or in which the mobility of the kidney is accidentally discovered during an examination of the abdomen undertaken for some other reason.

Rayer states that the female sex is peculiarly predisposed to this anomaly, and Ebstein confirms the fact, having collected reports of ninety-six (96) cases, of which eighty-two (82) occurred in females, and only fourteen (14) in males. Dr. Fritz also collected thirty-five (35) cases, thirty (30) of which were females, and five (5) males.

In infancy and old age, moveable kidneys are very rarely met with, as most of the cases happen between the ages of twenty-five (25) and forty (40) years. In the great majority of cases the right kidney is the affected one. In ninety-one (91) cases, Ebstein found the right kidney affected sixty-five (65) times, the left fourteen (14) times, and both kidneys twelve (12) times.

Some writers attribute this *ectopia* to tight lacing. Cruveillier noticing the predilection for the right kidney in women who compressed the liver by tight lacing, found the right kidney sometimes in the illiac fossa, occasionally in front of the vertebral column, occasionally on a level with the mesentery in which it was embedded. The less frequent displacement of the left kidney is, however, more due to the fact that the left hypochondrium (which is occupied by the spleen and the fundus of the stomach)

bears pressure with greater impunity. Notwithstanding the greater predisposition to mobility of the kidney in women as compared with men, tight lacing seems to have little to do as a factor, since this anomaly is relatively least frequent among ladies and women belonging to the wealthier classes, by whom corsets are most commonly worn. The chief exciting cause is *repeated pregnancies and deliveries*, and a *hyperemic swelling of the kidneys during the menstrual period, at which time females labouring under this lesion suffer most*.

Ectopia renalis takes place slowly and gradually, even in traumatic cases, and is congenital as well as acquired. Blows, falls, prolonged fatigue, heavy labour, great exertions, contusions, etc., are among the exciting causes of moveable kidney. My own *solitary* case to which I have alluded was traumatic.

As to the symptoms of this *ectopia* Dr. Walther's researches shew that there are none. Moveable kidneys are almost always a *post mortem* discovery, but are never fatal; and Trousseau says it is an infirmity which is not serious, and which we can always hope to alleviate, but hardly ever hope to cure. *Post mortem* examinations, however, shew that spontaneous cures do sometimes occur, as the results of peritoneal inflammation, by which the kidney is either replaced or forms a new attachment by inflammatory peri-nephretic adhesions. Dr. Bequet mentions a case where on one occasion renal fluxion became excessive, and partial peritonitis arose, followed by the formation of false membranes, and resulted in the displaced kidney ceasing to be moveable, and becoming definitely fixed in an abnormal position. Dr. Guéneau de Mussy also adopted this opinion, having met with a similar case.

Moveable kidneys have not unfrequently been mistaken by physicians of undoubted skill and scientific attainments for other tumours, and cases have occurred where operations have been undertaken for their removal resulting fatally. They have been mistaken for tumour of the liver, gall-bladder, spleen, mesentery, intestine or for fibrous tumour of the ovary. *Trousseau mentions a case where "more than ten physicians were consulted, and all with one exception were of opinion that it was malignant tumour of the

liver. The physician who dissented (a Homœopath) pronounced it a tumour of the uterus, and treated it accordingly. He treated metritis which really did exist, but he cured neither it nor the tumour."

A case taken from the London *Lancet* is reported in the *Edinburgh Medical and Surgical Journal*, Vol. 10, page 952, where a kidney lying in the abdomen in front of the intestines was mistaken for an ovarian tumour, and operated on, resulting in the death of the woman within three days.

Fearful of being tedious in my details, I will now refer to my own case. It was beyond doubt the result of repeated falls. The lady was a bold and fearless horsewoman, rode a great deal on horseback, and had had several very severe falls when riding.

She was thirty-two (32) years of age, about five foot five inches high, well formed, good bust, constitutionally sound and healthy, and came from a very healthy stock. Several months previous to consulting me, she had for some time suffered a great deal periodically with dyspepsia, hysteria, and hypochondriasis. Her first severe fall from her horse (by being run against by a carriage) was about eight years since.

When first consulted in this case on the 4th September, 1878, I found her labouring under the same set of symptoms as those just mentioned, with the addition of an unpleasant and painful sensation in the abdomen, with great flatulence and colicky pains. I ordered warm poultices, warm bath and aperients (which latter were indicated) with perfect rest, to which the distressing symptoms yielded in a few hours.

On the 19th December I was again called in, and witnessed a renewal of all the former symptoms, and was told that the attacks had been renewed periodically since my former visit, but in addition that a small round hard tumour had appeared in the right side about the size of a pigeon's egg. This I examined and found it as described, rather deep seated, not very moveable, nor yet very painful. Its character and situation both perplexed me, as it was too high up for ovarian tumour (which was my first thought), when its hardness and situation caused me to suspect scirrhus of the intestine or mesentery, but I treated it as on the former occasion and with like results.

On the 20th January, 1879, I was again sent for, and my patient then stated that the pain was not so severe as on the former or last occasion, but that the tumour was now as large as a goose's egg! On examination I found that her statement was perfectly correct, and that the tumour had grown in only six weeks from the size of a small pigeon's egg to that of a large goose's egg. This new and unusual development surprised me more than ever, being a condition of things that I had never witnessed before, and I at once proposed a consultation to which the lady assented. I called in Drs. Jackson and Lemieux (respectively, Professors of Midwifery and Surgery at the Laval University) and Dr. Rawand, when Dr. Jackson, who had seen a similar case in Edinburgh upwards of forty years before, at once pronounced it a case of "Loose Kidney."

The kidney, for such it evidently was, and not a tumour, was exceedingly moveable, and the displacement great. There must have been great extension and stretching of the celulo-adipose tissue, nerves, and vessels, as it could be freely moved and radiated in every direction, down into the iliac fossa, under the navel and ribs, and beyond the median line. The outline or form of the kidney was not so distinguishable at this time as subsequently, from being tumefied and congested, but the fact of a migratory kidney was unmistakable. By relaxing the abdominal muscles we could feel behind and beneath the kidney, while by pressing deep down into the lumbar region of the same side, an unquestionable void was felt where the kidney ought to have been.

One remarkable feature of this case which may have been somewhat exceptional, was the comparatively little pain produced by examining and handling the kidney, although Dr. Walther says that the kidneys are moveable in a considerable number of persons who suffer in no degree whatever therefrom, and give no thought to the peculiarity, and are even ignorant that they have a moveable kidney.

In such cases, however, the displacement could not have been as extensive as in mine.

An analysis of the urine shewed nothing abnormal, and this is said to be usually so where there is no other organic complication, even where there may be a large amount of pain.

The treatment consists in reducing the dislo-

cation of the kidney, and thereby relieving the symptoms produced by it,* and particularly to guard against manifestations of incarceration. The unpleasant as well as painful sensations disappear at once when the organ has been successfully replaced. This, by placing the patient on her back and manipulating carefully, is easily done, in fact it will almost fall back into its normal position itself, but should it not, light and gentle pressure upon the kidney directed towards the lumbar region will successfully replace it. The after treatment consists of a bandage and pad properly adjusted. Let the whole abdomen be surrounded by a strong bandage, and under it, at a point corresponding with the tumour, apply a well lined or stuffed concave pad, in order to prevent the kidney from again becoming displaced, and let it be worn constantly, whether lying, sitting or walking.

Guéneau de Mussy recommends a pad shaped like a square, so applied that the lower branch will keep the kidney from falling forward, and the vertical branch will keep it from slipping inward or outward. Some persons recommend an elastic bandage similar to the elastic stockings worn for varicose veins in the legs, but my own experience is in favor of a stronger and more resisting and carefully adjusted bandage, as displacement very easily takes place from bending, turning or straining of the body, which an elastic bandage is unable to control. But despite all these precautions displacement will take place occasionally, and does so in my case, especially during the menstrual period, on which account I enjoin perfect rest in the dorsal posture during all that period. The general health must be attended to, and especially the state of the secretions. If the patient is reduced or emaciated, or suffering from anæmia, supporting diet with iron and tonics is indicated. Flemming † asserts, that mobility of the kidney has been cured by a tonic treatment continued for a long time.

I have stated my conviction that organic lesion occurs much more frequently than is generally supposed, and I think I am justified in that conclusion, as Rollet says that among five thousand five hundred (5500) cases in Appolzer's clinic there were twenty-two (22) accurately

determined cases of moveable kidneys, or one in two hundred and fifty. Again, at the Charité in Berlin in three thousand six hundred and fifty-eight (3658) autopsies there were five (5) cases, or one in seven hundred and fifty. Now, whatever doubts there may be as to the accuracy of the former case (as doubts have been expressed), there can be none in relation to the latter, as the post mortem examination settles that point.

It is stated on what seems to be good authority that loose kidneys are of much more frequent occurrence in some countries than in others, and particularly in Poland.

It must be evident, however, that the disease is a very obscure one, and one not likely to be discovered by a person whose attention has not already been specially called to such cases.

In my case, had I known what I now do, I should likely have correctly diagnosed loose kidney when the tumour (?) or rather the supposed tumour was only the size of a pigeon's egg, and was breaking away from its adipose bedding and attachments and forcing its way unsuspected and unchecked through the peritoneum, and I should probably have arrested its further displacement, and saved my patient much suffering and inconvenience.

TEA AS A VALUABLE THERAPEUTIC.

By JAMES A. SEWELL, M.A., M.D., Dean of the Medical Faculty of Laval University, Quebec.

Read before the Canada Medical Association at Ottawa, September 2nd, 1890.

I have already published some remarks in the *Dublin Medical Gazette*, and also in the *London Lancet*, on the wonderful effects of tea as an antidote to opium. But, as I have had since then other experience of the value of this remedy in other affections, a short paper on the subject may not be inopportune at this time.

One of the first cases in which I had recourse to tea, was that of a lady who had taken a quantity of Batting's "black drop," so enormous that I am almost afraid to mention the amount fearing that it may not be credited. However, as I had no reason to doubt the facts represented to me at the time, the quantity taken of the above-named drug between 4 p. m. and 11 p. m. of a certain day was, as far as I can remember (having lost my notes), 3 xxviii or 3 ij every half hour for seven hours. But, let the dose be what it may, we have

*Ebstein.

† British Medical Journal, 1869, August.

chiefly to do with its effects. At eleven o'clock p.m. she had a severe convulsion; at 11.30 or thereabouts I saw her, and found her in the following condition: Extremities perfectly cold, no pulse at the wrists, face pale, drawn, and cold, pupils contracted to a pin's point, and her respiration three in two minutes. To all appearance she was dying, but, being the wife of a medical man, and he absent, I sent for my colleague, Dr. Jackson, who arrived about midnight, and gave it as his opinion that she would not live ten minutes. While the messenger was absent for Dr. Jackson, I caused a strong infusion of green tea to be prepared, of which I administered half a pint as an injection. In twenty minutes, to my astonishment as well as that of Dr. J., we could just discover the pulse at the wrist. There was the slightest tinge of red in the lips, while the respiration was *six in one minute* instead of *three in two minutes*. Encouraged by these wonderful results, another half pint was given at half-past twelve, after which she improved rapidly, so much so that at four o'clock in the morning she said to me, "please light the gas, I know your voice but cannot see you." The sun was shining brightly into the room at the time. I have been asked, "Why did you not give an emetic?" I answer, because I conceive no emetic would have had any effect on the paralyzed condition in which we may presume the stomach was after having received the enormous amount of opium above mentioned. I have been also asked why I did not use the stomach pump? Answer, because I do not always take a stomach pump with me when I go out at night, but chiefly because I could see no advantage to be derived from this instrument, seeing that a very large portion of the poison had already been absorbed, and was now doing its fatal work. Moreover, I believe the attempt to introduce the tube in the prostrate state of the patient would have probably caused her death then and there. The remedy I think should always be administered by injection, as it is more likely to be quickly absorbed by a healthy bowel than a paralyzed stomach. Of course Theine or Caffeine would act probably quicker than the simple infusion, but the former remedies are not always at hand, while the tea is. The opium in this case was taken to relieve the pain of angina pectoris.

I have prescribed tea as above in three cases of poisoning by alcohol. The first case was that of an infant of about two years, to whom was given a certain quantity of whiskey, rendering the child perfectly comatose, in which condition I found it at my first visit. I considered the case hopeless, but, having great confidence in the remedy, I administered two ounces of tea per rectum, and had the satisfaction of seeing my little patient perfectly restored in a few hours. The second case was that of a child between four and five years old, who got hold of a bottle of whiskey and secreted herself up-stairs, where she was found some time afterwards in a comatose state, but recovered rapidly under the same treatment.

Case 3rd. A boy aged about eight years, son of a tavernkeeper, got inside the bar one morning, and with the cognizance of the servant drank seven glasses of whiskey on an empty stomach (before breakfast). I was called about nine o'clock, and found the little drunkard dangerously comatose. Wishing to establish the good effects of tea in these cases by the evidence of another physician, I was fortunate enough to secure the presence of the late Dr. Blanchet, jun., a young man of most promising talent, but who was cut off by a premature death—a great loss as well to his friends as to the public in general, and in the medical profession in particular. On seeing the lad, Dr. Blanchet gave it as his opinion that he would die. I differed with him in this opinion, and assured him that, with the tea, I would have him on his legs in half an hour. This did not happen, but in the time prescribed he was on his hands and knees, and in two hours he was well.

I fear I am trenching too much on the valuable time of the Convention, but before concluding I would remark that I have used tea in the coma of fevers, as suggested by that great genius Graves of Dublin, with the most satisfactory results. And I may also add that I have found the same remedy eminently useful in puerperal or uræmic convulsions.

I shall be much pleased if these few remarks hastily thrown together from memory should induce some members present to make trial of the remedy now under notice, and I shall be still more pleased to see the results (should they prove satisfactory) published extensively for the benefit of society.

Before concluding, I would remark that one of my colleagues treated a patient successfully with the same remedy, who had taken, with suicidal intent, one ounce and a half of tr. opii, and that during the present week I administered the remedy to a boy of nine years who had swallowed the enormous dose of one ounce of tr. belladonna, but as other antidotes, as opium, etc., were used at the same time, it is impossible to which of the different remedies to attribute the child's recovery.

Quebec, June 5th, 1880.

Correspondence.

LETTERS FROM READERS.

DEAR SIR,—Affectation may be said to have reached its climax when we find it in writers of prescriptions. There are many practitioners who are well known to be able to write clear, distinct, and easily legible hands, when so disposed, but who appear to consider it derogatory to themselves, or to the profession to which they belong, to do so when writing a prescription. On such occasions they affect a scrawl which would puzzle the ingenuity even of a translator of Chinese, Sanscrit, or Hieroglyphics to decipher. Nothing but a thorough knowledge of the various pharmaceutical preparations could enable a druggist to read, or, more properly speaking, to guess at the ingredients of many prescriptions that are presented to him daily. It cannot therefore be regarded as a very extraordinary circumstance that Magnes. Sulph. was supposed to be Morphia Sulph. in a prescription made up a few days ago, with fatal consequences, in the States. It is true nevertheless that the dose should have enabled the dispenser who put up the medicine to have made a better guess, but so long as prescribers are not more particular about their penmanship we must expect such mistakes to occur; and so long as a responsible position, such as that of dispenser in an establishment, is intrusted to incompetent persons, persons not thoroughly versed in posology more especially, so long will the danger of fatal consequences continue. The latter responsibility rests on the pharmacist, the former, however, depends on the medical man, and if he really cannot write a legible pre-

scription, the sooner he tries to remedy the defect by taking lessons in writing the better it will be for himself and for the community in which he practices.

PHARMACY.

Progress of Medical Science.

ELIXIR CHLOROFORMI COMPOSITUS.

By W. F. McNUTT, M.D., L.R.C.P., Ed., Etc., Etc. Professor Principles and Practice of Medicine, University of California.

[Reprinted from the WESTERN LANCET for August.]

I have been in the habit for several years of prescribing Collis Browne's chlorodyne in certain cases of asthma, colic, diarrhea, neuralgia, rheumatism, hysteria, etc. It has seldom failed to be of some benefit, and often acted like a charm; in fact, I found it a most excellent and reliable anodyne, anti-spasmodic and sedative.

On account of several objections to its use, I have, after a great deal of experimentation, adopted the following formula as a substitute for chlorodyne, viz:

R	Morph. mur.....	gr. $\frac{1}{2}$
	Chloral hyd.....	
	Chloroform.....	aa 3 ss,
	Tinct. cinnab. ind.....	
	Tinct. capsici.....	
	Acid. hydrocyan. dil.....	aa M xx.
	Spt. menth. pip.....	Mx
	Syr. sassafras. co. ad.....	3 j.
	Dose—3 j.	

This I have named Elixir Chloroformi Compositus, and can heartily recommend it to those who have been in the habit of using chlorodyne. To those who have never used chlorodyne, I may say they will find elix. chlorof. comp. a most efficient remedy for many purposes and under many circumstances; for instance, in whooping-cough, asthma, emphysema, cough of many phthisical patients, in many cases of hysteria, and especially in many cases of dysmenorrhea, it certainly has no equal. Given as an anodyne, it seldom produces headache or disturbance of the digestion, as does morphine; or depresses the heart's action, as does hydrate of chloral. In diarrhea accompanied with cramping pains and tormina, in teaspoonful doses repeated every two or three hours, it generally acts quick and satisfactorily.

In many cases of diarrhea in children, a few drops of the elixir, together with a few drops of castor oil and vini ipecac, in syrup of acacia, make a most efficient remedy.

The objections to chlorodyne are—

1. It is very expensive in this country.

2. It is not a perfect mixture, as it separates.
3. It is too concentrated to be safe for general use.
4. And, principally, it is a patent medicine, the exact formula for which is unknown.

ARSENIC IN HEART DISEASE.

An English physician, Dr. Lockie, says in regard to arsenic as a cardiac stimulant, that it is believed to be a valuable adjunct to digitalis, and in ordinary valvular disease of the heart, where there is failure of compensation, with its consequent results. Further, it seems to be of great value even in fatty degeneration, and this in spite of the fact that recent experiments tend to show that fatty degeneration of the heart is one of the results of feeding animals with arsenical preparations.

THE CHLOROFORM QUESTION.

In a recent discussion of this question by the Medico-Chirurgical Society of Edinburgh, in which a number of experienced physicians took part, the president, Dr. P. Heron Watson, spoke as follows:

As to the conditions which favored fatal results during the administration of chloroform, it was generally admitted that these were twofold—either respiratory obstruction or cardiac insufficiency. The relation of these conditions to each other had, as was well known, been a matter of dispute, some asserting that respiration was always first embarrassed, the heart's action being only secondarily affected, while others regarded the failure of the heart's action to be at all events sometimes the initial step in the dying process. These views had important practical issues. If the first were trusted to, then feeling the patient's pulse during the administration of the drug was not only unnecessary, but liable to distract the attention from the all-needful regard to the condition of the respiration, as to recognize that the pulse was gone, if preliminary respiratory arrest were the cause, was to note that the patient was in danger when life was probably extinct. Were death liable to occur from cardiac enfeeblement, then attention to the pulse was a matter of importance. Now in this case the pulse was noted to have continued good for some time after respiration had ceased and artificial efforts had been employed for some time. The conditions affecting respiration which he had chiefly observed in the use of chloroform originating danger were copious mucous secretion excited by the chloroform vapor, vomited matter from the stomach, sweetmeats, and false teeth, in addition to the gravitation of the

tongue. He had, however, seen in some cases an arrest of respiration at the conclusion of a full expiration, accompanied with spasm of the respiratory muscles; and in two cases where an epileptic attack occurred with a fatal result when the patients were inhaling chloroform, this spasm of the muscles of respiration at the conclusion of expiration was undoubtedly the occasion of death. In making traction on the tongue to relieve impeded respiration in a patient under chloroform, he thought the direction over the incisors of the lower jaw was a mistake, and that it should always be toward the upper incisors, as traction of the organ over the inferior incisors, by forcibly depressing the lower jaw, tended both to interfere with the larynx and possibly to compress the carotids, as indicated in the valuable paper of one of its members, Dr. John Smith. The fatal results which occasionally occurred while patients were more or less under the influence of chloroform led naturally to the question of the prognosis of these risks. His own feeling was that it was quite impossible to gauge these risks. Chloroform could undoubtedly be administered to many cases affected with most serious cardiac disease with the best results, and there were most serious cardiac conditions in which the use of chloroform, by diminishing the effect of shock, probably diminished instead of aggravating the risk. An instructive case occurred in the early history of the introduction of chloroform, which might have inflicted irreparable damage upon its early prestige had the drug been given. The late Professor Miller was to operate upon a case of hernia in the theatre of the hospital. Sir James Simpson had promised to administer chloroform to the first case in Mr. Miller's hospital practice which might occur. Professor Simpson was sent for, but was out of town. The operation was proceeded with, and at the first incision through the skin the patient died on the table. What would have been said had this been the first case in which chloroform had been employed in the theatre of the Edinburgh Infirmary? The choice of anesthetics does not materially alter the practical confidence in chloroform. That ether should be preferred in the states of America is perhaps not to be wondered at; that mixed vapors should please the imagination of others nearer home need occasion no astonishment. He had himself had ether administered to him when a boy, and no sea-sickness he had ever experienced compared with the prostration which for a week followed the use of the anesthetic. He had seen it given to others because less likely to make them sick, but he had not observed this result had been obtained. He had been gratified by the administration of ethidene to a patient of his in the infirmary some time since, through the kindness of the gentlemen in Glasgow by whom the practical application of this anesthetic had

been introduced. In that instance the patient was in a maniacal state all afternoon after emerging from its effects. Upon the whole he believed he might conclude from the general tone of this discussion that there was no diminished confidence in chloroform, no increased fear in its application, no feeling that professional chloroformists were more required than heretofore to render its employment safe; and last, not least, that no apparatus was more effective or more secure than a common towel or a pocket-handkerchief. It was fortunate that, at a large meeting and a very representative meeting of the society, as it had been this evening, there was no uncertain sound to go forth to the professional world as to the views of the present generation of Edinburgh practitioners upon the chloroform question.

IODIDE OF ETHYL IN ASTHMA.

Daniel R. Brower, M.D., writes to the *Chicago Medical Journal and Examiner* for July, 1880, as follows:—

I have recently had a very satisfactory experience with this remedy in an obstinate case of asthma.

The patient is a youth about fifteen years old, who inherits instability of nervous action from both parents. He has had obstinate attacks for six years past, especially during the spring and summer months.

The only complete relief he has heretofore had has been by change of residence. He has tried about all the remedies that have been suggested, such as nitrate of amyl, chloral, morphia, bromide, belladonna and galvanism, without benefit. Partial relief was obtained for some time, by smoking a portion of the following combination, which in some cases has acted well:—

R	Draceni rad. pulv.,	ʒ j	
	Stramonii foliæ pulv.,	ʒ j	
	Lobeliæ pulv.,	ʒ vj	
	Potassii nitratis pulv.,	ʒ ss.	M.

In the attack that commenced this spring this recipe seems to have been of but little service. I therefore ordered him, as recommended by Prof. Lee, of Paris, inhalation of the iodide of ethyl. The preparation used was made by Nesrck, of Darmstadt, and imported by E. H. Sargent & Co., of this city.

After several trials, we found the effective dose to be six drops. This relieved the paroxysms as if by magic, and no unpleasant symptoms followed its use. The only new sensation there seems to have been experienced was occasionally a slight sense of numbness in the feet and hands. Under its daily use the intervals between the paroxysms have grown longer, and the severity of the attacks has been relieved.

It may be well to add, that for some time past, previous to the use of the iodide of ethyl, I had been giving him iodide of potassium with tonics, but the surprising effects upon the paroxysms were clearly due to this new remedy for asthma.

FOR THE COUGH OF TUBERCULAR LARYNGITIS.

Dr. William Pepper gives the following prescription:

R	Tr. benzoici comp.,	fl. ʒ ij;
	Glycerinæ,	fl. ʒ ss;
	Aquæ,	fl. ʒ iv.

Sig. To be used as a gargle.

THE TREATMENT OF DIPHTHERIA.

DR. GEORGE HILL, of Hughesville, Pa., strongly advocates the following treatment of this disease in the *Med. and Surg. Reporter*. As a mixture, he prescribes in varying strength of dose, according to the age of the patient, aquæ chlorinii, sodii sulpho-carbolat., glycerinæ, of which two examples will suffice:—

R	Aquæ chlorinii,	ʒ v;
	Sodii sulpho-carbolat,	gr. xv;
	Glycerinæ,	ʒ is;
	Aquæ, ad.	ʒ vj.

M.

ʒ j. every two hours, for a child æt. 10 months.

R	Aquæ chlorinii,	ʒ iij;
	Sodii sulpho-carbolat,	grs. clx;
	Glycerinæ,	ʒ j;
	Aquæ, ad.	ʒ vj.

M.

ʒ iij drachms every two hours—to be held a moment before swallowing—for a girl æt. 18.

In combination with this form of mixture he gives sulphur sublimatum, in fifteen-to-twenty-grain doses every six hours to adults, until an apparent effect is produced. Locally, purely pulverised tannic acid is applied to the exudation growth with a moistened swab, every four hours, and as a gargle—

R	Sulphurated sol. sodium chloridi,	ʒ ij;
	Glycerinæ,	ʒ j;
	Aquæ,	ʒ iij.

M.

Or, glycerate of tannic acid, ʒ j., glycerate of carbolic acid, ʒ ij., mixed and reduced one fourth with water, and applied every four hours.

Where the disease extends into the trachea he strongly urges the use of lime steaming, for which purpose an ounce and a half of quicklime, fresh from the kiln (not air slaked), is put into a tin cup, and covered with a pint and a-half of cold water. Over this is inverted a funnel, not so closely as to exclude the air. To the top of the funnel is attached a tube with a suitable

mouth-piece. The rising steam is to be inhaled for half an hour; if the steam fail to be quickly renewed. An intermission of half an hour is allowed, and then the steaming to be resumed as before, and so on day and night with the utmost perseverance. Emetics of syrup of ipecac. occasionally required to expel detached fragments, and averting the impending suffocation that necessarily tends to occur in such cases. Ice to be allowed freely. Whisky to be avoided, only where there are strongly marked symptoms of failing vitality. The patient must be carefully watched and treated during convalescence and should be seen at least once a week until a normal state of the throat has been fully established. Dr. Hill condemns tincture of iron, tincture of iodine, and nitrate of silver applications to the throat. Under this treatment Dr. Hill has not lost a diphtheritic case for a period of five years, the same successful result being experienced by Dr. G. A. Hill in his practice whilst carrying out the above line of treatment. The cases published in support were typical in their nature, and most interesting in the record of other progress towards recovery.

SHOULD TEETH BE EXTRACTED DURING PREGNANCY?

Garrett Newkirk, M.D., Wenona, Ills., in *Dental Cosmos*:

What does tooth-extraction necessarily and possibly involve? Physically, it involves a solution of continuity of from one to three square inches of surface of living tissue, the sudden rupture of a large number of small blood-vessels, and from one to four nerves. Contingently, it may involve a fracture more or less extensive of bony process, unusual suffering, or loss of blood. It produces invariably on the conscious subject a sudden nervous impression—*shock*—varying from trifling to serious; pain for a moment almost unendurable; semi-involuntary, possibly violent, movements and outcries, followed by faintness and nervous tremor, are the coincidents and sequelæ in some degree in a majority of cases. Additionally, there may be fear, fright, and occasionally, though rarely, uncontrollable anger.

The degree of shock likely to ensue may be in a measure anticipated by attention to the following considerations, viz: the temperament; present state of health, especially as it pertains to the nervous system; the character, history, and present condition of the tooth in question; the state of the neighboring tissues, and the probable ease or difficulty of extraction. The mental condition of patient should also be considered.

The order which temperaments bear to shock is about as follows: (1) the nervous, (2) nervo-

sanguineous, (3) nervo-bilious, (4) nervo-lymphatic, (5) bilious, (6) lymphatic.

The condition of the nervous system at the time of an operation has a marked influence upon results; that which may be well borne at one time may at another be attended by a severe shock, and followed by serious prostration. This fact is never more apparent than in the extraction of teeth. A want of sleep, severe pain (especially if paroxysmal), unusual emotion or excitement, severe illness or overwork, may produce a state of exalted nervous sensibility, or rather irritability, highly unfavorable for an operation.

As to the tooth itself, Has it an inflamed pulp? Is it dead? Is there alveolar trouble of any kind? Is it particularly sensitive to instrumental touch? Has it one, two, three or four roots and nerves? Is the trouble of reflex, malarial, or neuralgic origin? Would much force be required in its extraction? Is it probably amenable to therapeutic treatment? These are some of the questions which may be asked with reference to such cases where extraction is proposed, and which ought to be correctly determined by the dentist before he assumes the responsibility of performing the operation. It is not to be looked on as a trifling operation simply because it is so common. These questions, always proper, become of greater importance whenever the case in hand is that of a pregnant female.

I believe the following rules to be in the line of ordinary prudence:

Where a choice has to be made between allowing the tooth to remain, involving odontalgia, severe neuralgia, antral or alveolar abscess—conditions compromising the general health and comfort of the patient—and the removal of the offender, the latter course is the proper one; but this is a contingency not often arising, and may usually be avoided.

If the operation seems to be inevitable, however, and the temperament, mental and other conditions are unfavorable, with undue nervous irritability, it would be better to modify these conditions, either by forced rest and sleep under an opiate previous to, or by partial anaesthesia at the time of extracting.

During the pregnant state no tooth should be extracted to please the patient or her friends, or to prepare the mouth for artificial work. If should be only as a choice of two well-recognized evils, and then especial care should be exercised to avoid nervous impressions as far as possible.

As the greater danger of miscarriage exists during the earlier months of pregnancy, more particularly the third and fourth, temporary treatment, protection or filling, should, if possible, be resorted to if only for a few weeks.

Again, we all know that with certain timid people the sight of an operating-chair, of instruments, the touch of cold steel, or the sight of

blood may, any of them, be sufficient to cause an almost insupportable condition of nervousness and dread. This is particularly true of females, and especially when *eniente*. Hence the increased necessity for trying to avoid or to modify these disturbing causes. Under some circumstances it would be better for the dentist to visit the patient at her house, and extract the tooth with an instrument previously warmed and kept from her sight. Much nervous distress may in this way be avoided.

I do not think that any practitioner of dentistry should entertain the theory that the pregnant state is one that may safely be ignored, for I believe such a theory full of possible dangers. Nor should it be forgotten that the question of miscarriage is not the only one involved in this matter. *Prenatal influences* are recognized by intelligent observers, both in and out of medical circles, as among the most important in determining the organic qualities of human beings, and more than usual care is exercised by sensible people to avoid disturbing influences upon the woman and child.

STRANGULATED HERNIA IN PRIVATE PRACTICE.

More than twenty years ago I performed my first herniotomy under every inconvenient circumstances. While administering chloroform I had to operate; my medical friend held the candle, and a female relative of the patient held the mouthpiece in position. Often, in the course of a personal experience of about one hundred and thirty operations, varying inconvenience has been felt. A few years ago I suggested the use of an enlarged wire eye-speculum to separate the edges of the wound, as a substitute for skilled fingers. December 20th I advised immediate herniotomy in the person of a female, aged seventy-two. It became the duty of my medical friend to give his sole attention to the chloroform, while my only other assistant held the light. The hernia was turned well up over Poupart's ligament, while fibrous bands tightly constricted its neck, and were deeply placed. The speculum allowed the light to reach the bottom of the wound, and thus added greatly to the safe performance of a delicate operation. —C. F. Maunder, in *London Lancet*.

A NEW REMEDY FOR DYSENTERY.

According to the *India Medical Gazette* of October 1st, a new and very efficacious remedy for dysentery has been found, which, if somewhat inferior to ipecacuanha, possesses the advantage over it of being free from nauseating effect. It is the root of a plant called Rungum in Ben-

galee, and found to belong to the genus *Ixora* of the natural order Cinchonaceæ. The species that have been tried are the *I. Bandhuca* and *I. Coccinea* (ROXB.). The plant is a very common one, and is most efficacious when employed in its fresh state. An extended trial of its efficacy has been directed by the surgeon-general. —*London Medical Times and Gazette*.

PROLAPSE OF THE RECTUM IN INFANTS.

In a recent number of the *Wiener Medizinische Zeitung* Dr. Basevi suggests an improved method of treating this troublesome affection, which he finds most successful. He cauterizes the mucous membrane of the intestine lightly with nitrate of silver, and replaces the gut. Subsequently enemata of tannin, alum, and ice-water are ordered, together with very strict diet, with a view to prevent enteritis. Should these measures fail, and the intestine continue to come down, he uses his bandage as follows: The child is held by two nurses, with its buttocks up, over the bed, one securing the upper portion of the body, the other the slightly abducted knees somewhat up in the air. This position is most favorable for the reduction of the prolapsed rectum, because the child cannot bear down. After reposition the surgeon stands on the right side of the bed, with the thumb of the left hand pressing the child's left buttock to the right, while the fingers bring the right buttock toward and against it. With the right hand several strips of plaster of some two finger-breaths are drawn from below upward, and outward, overlapping one another, across the buttocks, from one trochanter to the other. The strips should approach the perineum as closely as possible. As a support to the plaster, a spica bandage of two or three fingers-breadths is run over the lower part of the body. A gutta-percha or waxed paper covering can be used to keep the buttocks clean during defecation, and this bandage can be retained in position for a couple of weeks. If diarrhea be present, astringent enemata may be employed; if constipation, laxative enemata; and these should be given by the physician himself, for fear of disturbing the bandage, which can be changed without difficulty when necessary. —*Press and Cir*.

LANCING THE GUMS IN DENTITION.

In discarding this simple expedient our profession has thrown away a safe and valuable adjuvant in the management of infantile disorders. The only objections to it are that it gives pain, that it hardens the gums so as to retard the advance of the tooth, and that it endangers hemorrhage. So far from giving pain, it relieves pain, and still more the intolerable itching

which children suffer while teething. If hardness result from the cicatrization, it will facilitate the escape of the tooth instead of retarding it; for every tyro knows that a cicatrix is absorbed under pressure more readily than normal tissue. And as to the danger from hemorrhage, fifty years of constant and abundant experience in my own practice and observation of the practice of others around me when the operation was universal, have failed to bring within my knowledge a solitary instance of serious hemorrhage caused by lancing the gums. Upon the other hand, again and again have I seen the infant, when fretting and twitching and starting as if on the brink of a convulsion, fall into a tranquil sleep immediately after the process. More than once have I known the child close its jaws to press the lancet into the itching gums. One child I remember who would run to meet me as I entered the house, and open its mouth to invite what experience had taught it would relieve its suffering. By lancing the gums I do not mean slicing off the prominence, nor yet making a crucial incision. These are superfluous, if not barbarous, procedures. It is sufficient to scarify the swollen tissue in one direction to relieve the tension and remove a few drops of blood from the engorged vessels.—*Dr. Henry Gibbons, in Pacific Med. and Surg. Jour.*

TREATMENT OF ALCOHOLISM.

Dr. F. P. Atkinson (London *Practitioner*) writes as follows:

Some of the most distressing cases we, as medical men, are called upon to attend are those of alcoholism, and it has, unfortunately, fallen to my lot during the last few years to have several from time to time under my charge. A good deal has been written by different persons with regard to treatment, but I do not think this ought to deter one from putting on record his own personal observations, since it is only by accumulation of evidence that proper conclusions can be arrived at. As far as I can see, there would appear to be three different stages in the disease, viz.:

1. *Sleeplessness*, accompanied by a hard quick pulse; loss of appetite in the morning, and morning sickness.

2. *Drowsiness*, accompanied by a slow, somewhat compressible and excitable pulse; complete loss of appetite; and constant sickness. The blood has in it an excessive amount of hydrocarbon.

3. *Delirium*, accompanied by complete absence of sleep and the presence of horrible apparitions, especially at night. The pulse is small, quick, easily excitable and compressible. The blood is deficient in red corpuscles. Hydrocarbons are present in poisonous quantities; the brain un-

dergoes little or no repair. The vaso-motor nerve influence is almost entirely lost. The treatment I have found beneficial in each stage is the following:

First stage.—Træ. rhei,.....min. x.
Træ. card. co.,..... 3 ss.
Træ. hyocyami,..... 3 ss.
Acid. hydrocyanic. dil.,..min. iij.
Sp. chloroformi,.....min. xv.
Aquam ad $\frac{3}{4}$ i. quartis horis.

The prussic acid acts as a sedative to the stomach, heart, and brain. The hyoscyamus has also to a certain extent the same effect.

Abstinence from stimulants in this, as in the other stages, is strictly enjoined, but when I find it difficult to get this carried out, I allow a glass of claret three times a day. It is essential that the patient gets plenty of light and easily digestible food, and with this object I order essence of beef, milk and eggs beaten up together, and barley water. This diet is suitable to each stage. The only thing to be said is the more the depression the more the nourishment.

Second Stage.—The treatment should be the same as just described, only it is as well to omit the prussic acid, as there is not the same excitement present.

Third Stage.—Chloral should be given in thirty-grain doses every four hours, till sleep comes on, and then repeated as often as necessary. The nourishment should be by no means forgotten, and stimulants should be strictly forbidden.

If chloral is gone on with beyond a certain time, a sleepless condition recurs, when nuxvomica and gentian should be given as follows:

Træ. nucis vomicæ,..... min. x.
Træ. gentia co.,..... 3 ss.
Ess. limonis,..... min. i.
Sp. chloroformi,..... min. xv.
Aquam ad $\frac{3}{4}$ i. ter quaterve die.

This rarely fails to reinduce sleep, but if persisted in long after it has produced its effects, sleeplessness returns. When this is the case the tincture of gentian, calumba or chiretta should be given alone.

THE HOT BATH AS A RESTORATIVE.

There is one remedy whose employment in medicine is almost as old as is the human race, but which yet seems to us to have an important use not generally practiced. We refer to the hot bath. As sudorifics hot baths are sufficiently in vogue, but their employment as restoratives is not so universally recognised.

The phenomena of death from cold show that a lack of caloric in the body is no less paralyzing of animal functions than is an excess of the same force. Evidently the organism was constructed to run upon a certain plane of heat, and

can not vary from this without serious results. By numerous experiments upon animals, in the laboratory of Prof. Wood, in the University of Pennsylvania, it has been proven that in a cool apartment death rapidly results after section of the spinal cord, from falling of the bodily temperature, the animal which in a warm room will live indefinitely, dying very shortly in a temperature of 50° Fahr. The cause of the inability of the animal to resist external cold after section of the cord is undoubtedly vaso-motor paralysis. Normally, the temperature of the interior of the body is maintained by keeping an outer layer of partially-cooled tissue between the internal organs and tissues and the outer air. When, however, the power of contracting the superficial vessels has been lost, the organism can no longer maintain this protecting layer, the surface temperature rises, heat is rapidly lost, and soon the whole body becomes uniformly cooled.

Vaso-motor paralysis is produced by toxic doses of various remedies, and under these circumstances artificial maintenance of the bodily temperature is imperative, forming a most important portion of the treatment of all such poisoning. Collapse from any cause is largely dependent upon, or, more correctly speaking, largely is, vaso-motor palsy: hence in almost all forms of collapse the use of external heat is of great importance.

Dr. Charles Hunter, of this city, has very successfully applied this treatment to that form of collapse which follows injuries and surgical operation, and is known by surgeons as *shock*. The lack of power of alcoholic and other ordinary stimulants in this condition is proverbial. The pathological state is undoubtedly vaso-motor palsy, the bodily temperature is much below normal, and the rational treatment consists in the hypodermic use of atropia and digitalis and the external employment of the hot bath. The plan of treatment will probably be found to be a very important addition to surgical therapeutics. In the first day of the post-fetal life the power of resisting external cold is very slight, and in many cases of still-born children, or of children whose vital powers are almost extinguished at birth, life may be saved by a high external temperature, the little waif being kept in an air of 90° to 100° Fahr., and from the influence of cold walls which shall draw off, as it were, the little store of heat provided by nature; for there is no doubt that radiation is greatly affected by the temperature of surrounding objects.

In regard to the methods of applying heat, it must, in the first place, be understood that wrapping in blankets, etc., are only useful as a means of preventing cooling of the body; that when the animal temperature has already fallen they will not suffice at all. The same may be said of air heated to temperatures which can be

readily obtained or can be borne by the attendants. Radiated heat is somewhat better, and often the use of a brisk open fire is of service. The *hot bath* is, however, the only pyretic remedy which can be relied on, when a Turkish bath is not at hand. It should always be a full bath, in as warm a room as can be produced, and should be at a temperature of about 103° Fahr., when the patient is put into it. The duration of the bath must vary with the circumstances of the case. Frequently, ten minutes will be long enough, but if the mouth-temperature does not rise to normal, a much longer tarriance may be advised. During the bath the heat of the water should steadily be increased as fast as it can be borne, if the patient be conscious. It will be found that 110° is about the limit of endurance for most persons, and in unconscious subjects this limit should not be passed.—*Philadelphia Medical Times*.

BROMINE IN LARYNGEAL CROUP.

Dr. W. Redenbacher (*British Medical Journal*, 1879, p. 234; from *Aerztliches Intelligenz-Blatt*), called to the case of two little girls, aged respectively 5 and 7, suffering with severe croup of the larynx and air-tubes, ordered a table-spoonful of the following mixture to be taken every hour:

R Decocti althææ, f $\frac{3}{4}$ iv;
Potassii bromidi, $\frac{3}{4}$ i;
Bromi, gr. ivss;
Syrupi simplicis, f $\frac{3}{4}$ i.

On again visiting the patients, whom he did not expect to find alive, he was most agreeably surprised. The difficult breathing, dry hard cough, etc., had all disappeared; the breathing was free, and the cough loose; several portions of croupal membrane had been coughed up. Recovery followed, without toxic symptoms. For children under one year, the quantity of bromine in the mixture should be reduced to one grain and a half, and for those from one to four years old, to three grains.

VENEREAL WARTS.

A writer in the *British Medical Journal* has successfully removed these growths by powdering over the surface twice daily with equal parts of burnt alum and tannin. As these growths occur chiefly in situations where mucous or skin surfaces are in contact and moist, this plan suggested itself. In the first case in which he applied it, the warts were easily rubbed off in the course of three or four days, and other cases have given equally good results.

THE CANADA MEDICAL RECORD, A Monthly Journal of Medicine and Pharmacy.

EDITOR:

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND.

ASSISTANT EDITORS:

R. A. KENNEDY, M.A., M.D.

JAMES FERRIGO, M.D., M.R.C.S. Eng.

EDITOR OF PHARMACEUTICAL DEPARTMENT:

ALEX. H. KOLLMYER, M.A., M.D.

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MONTREAL, SEPTEMBER, 1880.

We have more than once alluded to the necessity of enforcing the law affecting the sale of Paris green. To the Pharmacy Act is attached a schedule of poisons, which may only be sold by licensed pharmacists, and then only under certain restrictions. The first article on this list is arsenic *and its preparations*, Paris green is a preparation of arsenic. Its scientific name is aceto-arsenite of copper. Its formula is about as follows: $3 \text{ Cu As O}_2 \cdot \text{C}_2 \text{ H}_3 \text{ Cu O}_2$. Probably six grains is a poisonous dose. During the past summer numerous instances of the most criminal carelessness in the sale of this poison have come under our notice. It is sold indiscriminately, and in the most open manner, by shopkeepers all over the Province, and is consequently obtainable without any precaution whatever, by men, women, and children. It is rarely if ever labelled (except in drug stores), and we have seen it sold and wrapped in ordinary newspaper, and delivered across the same counter as tea, sugar and bread!!

So careless has the public become in handling this very dangerous chemical, that many even doubt its poisonous properties, and the writer heard it asserted the other day by an intelligent farmer, that "a horse could not be poisoned with it; another farmer uses it to dust on to his currant bushes, *and uses it pure*, without admixture of plaster of Paris. A woman living in a village near the city was seen using it on cabbage plants.

It would be instructive, especially to the Council of the Pharmaceutical Association, to study the number of deaths by Paris green of human beings and domestic animals which have taken place during the past three years.

Setting aside all other considerations, it is evidently absurd to place restrictions on the sale of arsenic, and allow Paris green, which is a combination of arsenic and copper, and more deadly than arsenic, to be sold *ad libitum* by everybody. We cannot believe the Legislature ever contemplated such folly.

A pamphlet, written by a medical man living in this city, entitled, "A Medical Essay on what People should know," has been sent us by a confrère in the country. It is upon the old theme that quacks of the worst character have often followed before, showing up in a mock religious manner the evils and all the dire results of self-abuse, and, of course, ending with a promise of an infallible cure in every case of consultation. On the front and back leaves is the number of the post office drawer, with strict instructions that the number be not forgotten. Inside the pamphlet is the doctor's address. Along with the specimen of quack literature are sent several sheets of printed matter, containing as usual in such cases, the great number of cures. It appears from several letters we have received from medical men outside of the city, this pamphlet has been sent broadcast over the country, more particularly in the counties of Beauharnois and Huntingdon. The recipients of this circular are generally young men. There are always people who are sufficiently credulous to believe anything, and it is among these, quacks must and do prosper. The quack, in this instance, has shot beyond his mark, as both his pamphlets and victims have fallen into the hands of medical men, who will, without delay, bring the subject before the Provincial Board.

We have not yet had the time to discover from what college this public benefactor hails, but will make it our duty to do so. Nothing can be said that is too strong in condemning such a miserable fellow; he should be hooted from one end of the province to the other. Such cases, however, are not to be hooted at, as they have the brass of Satan with all his energy, and it is only when victims diminish in number they depart for "pastures new."

LITERARY NOTE.

The memorial recently presented to Mr. Gladstone, urging him to do all in his power for the

absolute abolition of Vivisection, was signed by "one hundred representative men," among them Cardinal Manning, Prince Lucien Bonaparte, Alfred Tennyson, Robert Browning, James Anthony Froude, John Ruskin, the head masters of Rugby, Harrow and seven other large schools, twenty-one physicians and surgeons, and thirty-seven peers, bishops and members of Parliament. The memorialists take the ground that vivisection, even with anæsthetics, should by law no longer be allowed, and they quote the opinions of Sir William Fergusson, Sir Charles Bell and Dr. Syme, that "it has been of no use at all, and has led to error as often as truth."

They add, the utility, if proved, would not, in this case, excuse the immorality of the practice.

Dr. Leffingwell's paper, "Does Vivisection Pay?" which recently appeared in *Scribner's Monthly*, excited much discussion among London papers. It is said that Dr. Woods' reply, in the September *Scribner*, presents the other side with equal force.

PERSONAL.

We regret to announce at Peshawar, India, on the 10th July last, the death of Charles Herbert Murray, B.A., M.D.C.M. McGill, M.R.C.S. England, Surgeon to the 41st Bengal Native Infantry, in the 25th year of his age. He was the fourth son of the late Rev. Hugh Murray, M.A., T.C.D., Rector of Cootehill, Ireland. Adopted by his uncle, Dr. Reddy of this city, he resided here for several years, and passed through McGill University with distinction, having obtained the Logan Gold Medal in arts and other prizes, and at the primary and pass examination in Medicine received the premiums in both. He also distinguished himself at the competitive examinations in London for the Indian service.

We and his numerous friends deeply regret his early death, and affect cordial sympathy to his bereaved relatives.

Dr. F. W. Campbell, Editor of this Journal, sailed for Europe on the 21st of August last. Business relating to private affairs will prevent his return for two or three months.

Dr. J. Leslie Foley (M.D. Bishop's College, 1880) also sailed for Europe on the 21st of

August. His intention is to remain in England for some time for the purpose of following the London Hospital and extending his knowledge of Medicine before settling down to practice.

CANADA MEDICAL ASSOCIATION.

OTTAWA, 1st September, 1880.

The thirteenth annual meeting of the Canada Medical Association was opened this day in the Parliament Buildings, when were present—Drs. Marsden, Hill, Howard, David, Workman, Burritt, Gardner, Burgess, Wright (H. P.), Robillard, Clark, Caniff, Duplessis, Grant, Ross, McDonald, Mullin, Harrison, Zimmerman, Fulton, Shepherd, Sweetland, Osler, Playter, Rottot, Lachapelle, and many others.

The President, Dr. Howard, took the chair at 10.15, and on opening the session requested all the ex-presidents to take seats on the platform.

Dr. Grant, on behalf of the Committee of Arrangements, announced the programme of the proceedings, and that the adjournment for luncheon would be from 1 to 2 each day.

The minutes of the last day's meeting of last session were then read and confirmed.

The Committee of Arrangements reported the credentials of Drs. Brodie, of Detroit, Brush, of Utica, and Goodwillie, of New York, as delegates from the American Medical Association, correct.

Dr. J. D. McDonald moved, seconded by Dr. Marsden, that Drs. Brodie, Brush and Goodwillie, from the United States; be elected honorary members, which motion was carried by acclamation. The President requested these gentlemen to take seats on the platform. Dr. Brodie returned thanks.

Dr. Marsden proposed, seconded by Dr. Gardner, Drs. Jas. Bell (Montreal), R. Howard (St. Johns, Quebec), A. Laphorn Smith (Montreal), R. Pattee (Plantagenet), and Jas. Cassils (Three Rivers, Que.), as permanent members of the Association, and these gentlemen were duly elected.

Dr. Grant moved, seconded by Dr. Marsden, "That the By-law requiring members to pay for every year be suspended for this meeting," but after a short discussion this motion was suspended until the report of the Committee on the question of Fees, &c., had been received.

It was moved by Dr. Sweetland, seconded by

Dr. H. P. Wright, that Drs. McDougall and Bentley, of Ottawa, be elected permanent members. These were elected.

Dr. Caniff moved, seconded by Dr. J. D. McDonald, "That the President's address be the first order of business after recess," which was agreed to.

It was moved by Dr. Stewart, seconded by Dr. Gardner, that Drs. A. Worthington, of Clinton, and J. Campbell, of Seaforth, be elected permanent members of the Association. They were elected.

On the motion of Dr. Marsden, seconded by Dr. McDonald, the By-laws on the order of business were suspended for the present.

Dr. Mullin then reported for the Committee on Fees, &c., "that it is not desirable to insist upon the payment of the annual fee except by those who are present at the meeting," when it was moved by Dr. Bray, seconded by Dr. Harrison, that this report be adopted, which motion was carried unanimously.

On the order of business being resumed, the President called upon the Standing Committees to report.

There was not any report from the Committees on Medicine or Surgery.

Dr. Gardner read an interesting report on Obstetrics.

On the motion of Dr. Grant, seconded by Dr. Powel, Dr. Rogers, of Ottawa, was elected a permanent member.

On the motion of Dr. Sweetland, seconded by Dr. H. P. Wright, Drs. Robillard and Malloch, of Ottawa, were duly elected permanent members.

Dr. Lester, of Oswego, Ill., requested permission to attend the meeting, which was granted most cordially.

Dr. Botsford read his report on Sanitary Science, which was discussed by Drs. Brodie Playter, Brush, Workman and Grant.

On motion of Dr. Mostyn, seconded by Dr. Shepherd, Dr. O'Brien, of Renfrew, was duly elected a permanent member.

Dr. Osler then read his report on "The Progress of Pathology," when it was moved by Dr. Caniff, seconded by Dr. Sweetland, "That the discussion on the Reports by Drs. Gardner and Osler be taken up to-morrow morning," which was agreed to.

On the motion of Dr. Workman, seconded by

Dr. Botsford, the following gentlemen were named as the "Committee of Nomination":—

Dr. Marsden, Quebec; Dr. Robillard, Quebec; Dr. Osler, Quebec; Dr. Ross, Quebec; Dr. Caniff, Ontario; Dr. McDonald, Ontario; Dr. Hill, Ontario; Dr. Grant, Ontario; Dr. Clark, Ontario; Dr. Botsford, New Brunswick.

The President named Dr. McDonald chairman of the Medical Section, and Dr. Ross as Secretary; Dr. Caniff, Chairman of the Surgical Section, and Dr. McDougall as Secretary.

It being past one o'clock, the meeting adjourned.

AFTERNOON SESSION.

A large number of members being present at 3 P.M.,

It was moved by Dr. Workman, seconded by Dr. Marsden, "That, in the absence of the President, Dr. Botsford take the chair."

This being agreed to, the minutes of the morning's meeting were read and confirmed.

On the motion of Dr. Hingston, seconded by Dr. Grant, Dr. Brunel, of Montreal, was duly elected a permanent member.

Dr. Ewing, of Hawkesbury, was elected a permanent member, on the motion of Dr. Ross, seconded by Dr. Gardner.

The President then read his address.

On the motion of Dr. Marsden, seconded by Dr. McDonald, Dr. C. S. Parke, of Quebec, was elected a permanent member.

On the motion of Dr. Gardner, seconded by Dr. Ross, Dr. J. D. Lafferty, of Pembroke, was elected a permanent member.

Dr. G. H. Preston and Dr. J. G. Beard were elected permanent members, on the motion of Dr. Grant, seconded by Dr. Botsford.

On the motion of Dr. Wright, seconded by Dr. Whiteford, the following gentlemen were duly elected members:—Dr. J. C. Prévost, Montreal; Dr. L. C. Prévost, Ottawa; Dr. F. McEwen, Carleton Place; Dr. Lamarche, Montreal; Dr. J. D. Kellock, Perth, as were Dr. G. H. Graves, of Carp, Ont., on the motion of Dr. Fulton, seconded by Dr. Ross; Dr. Bentley, of Richmond, Ont., on motion of Dr. McDougall, seconded by Dr. Whiteford; Dr. Mann, of Renfrew, on motion of Dr. Grant, seconded by Dr. Stewart; and on the motion of Dr. Pickup, seconded by Dr. McDonald, Dr. V. H. Moore, of Brockville.

On motion of Dr. Botsford, seconded by Dr.

Workman, the meeting then resolved itself into sections.

SECOND DAY.

2nd September, 1880.

There being present Drs. Howard, David, Robillard, Botsford, Caniff, Burgess, Ross, Stewart, Pattee, Gardner, Workman, Campbell, Riddle, Mullin, Pickup, McDonald, Burritt, Bray, Bell, Shepherd, Sweetland, Fulton, McDougall, Brunel, Wright, Hingston, Rottot, Lachapelle, and others.

The President took the chair at 10.30.

The minutes of yesterday afternoon's session were read and confirmed.

On the motion of Dr. Pickup, seconded by Dr. Moore, Dr. Cranston, of Arnprior, and Dr. Dickson, of Pembroke, were elected permanent members.

Dr. McDougall, as Secretary, reported the proceedings of yesterday's Surgical Section.

The discussion of Dr. Gardner's report on Obstetrics was then opened.

Drs. Campbell, Bray, Wright, Workman, Brodie, Goodwillie, Dickson, Harrison, Pickup, Moore and Mullin having spoken, Dr. Gardner replied to several important questions put him.

The General Secretary then read telegrams just received expressing regrets at not being able to be present at this meeting from Dr. T. K. Holmes, of Chatham, W. H. Brouse, Prescott, and Atherton, of Fredericton.

On the motion of Dr. Wright, seconded by Dr. Cranston, Dr. C. Church, of Ottawa, was elected a permanent member.

Dr. Hingston then made some remarks on the treatment of hæmorrhage, but no discussion was allowed by the President, when Dr. Osler's report came up, and Drs. Mullin, Howard, Fulton and Hill spoke on it, and Dr. Osler replied.

Dr. Steven Wright, of Ottawa, was elected a permanent member on the motion of Dr. Sweetland, seconded by Dr. Wright.

The President then requested the Vice-President for Ontario, Dr. Hill, to take the chair, as he wished to read the report of the special committee on sanitary matters appointed at the last meeting, but as it was a very lengthy document, he would explain its purport and only read extracts, concluding with proposing "that the President elect, Drs. Oldright, Grant, Browne, Strange and Larocque be a committee to con-

tinue communication with the Dominion Government with the view of securing a grant towards carrying out an effective system of health registration," which motion was agreed to.

The Association then, on motion, resolved itself into sections at noon.

AFTERNOON SESSION.

A quorum being present at 3 o'clock, on motion, Dr. Botsford took the chair.

The minutes of the morning's session were read and confirmed.

The President entered during the reading of the minutes and assumed the chair.

It was then moved by Dr. Fulton, seconded by Dr. Bray: "That the following committee be appointed to consider the propriety of adopting some uniform system of classification of disease for the guidance of the profession in Canada, and report at the next meeting of this Association, viz., Drs. Workman, Ross, of Montreal; McDonald, of Hamilton; Atherton, of Fredericton; and Parker, of Hamilton; which motion was carried.

The Association then went into sections.

At 5.45 the President resumed the chair the General Session.

On motion of Dr. Osler, seconded of Dr. Campbell's notice at last meeting, the following was adopted: "That the time devoted to the reading of any paper, except addresses on special subjects, which at a previous meeting had been assigned to a member, shall not exceed thirty minutes," which was agreed to.

Dr. R. P. Howard gave notice of motion for the next meeting: "That By-law chap. 7, first clause of section 2, be amended to read as follows: 'Every permanent member shall pay the treasurer two dollars at every annual meeting which he attends.'"

The Secretary then read the report of the Committee of Necrology, drawn up by Dr. Fulton, giving the names of thirty-one members who had died since our last meeting.

Dr. Botsford, for Dr. Hingston, then moved, seconded by Dr. Sweetland, "That in view of the discussion on over brain-work and cram in schools, elicited by Dr. Grant's very important paper on Gymnastics of the Brain, the following be a committee to report at the next meeting of this Association in reference to this subject, viz., Drs. Grant, Workman, D. Clark, Hing-

ston, Larocque, Botsford and Playter," which motion was unanimously agreed to.

Dr. Caniff moved, seconded by Dr. Sullivan, "That it is the unanimous opinion of this Association that at the present time there is no subject demanding the attention of legislators in this country of greater importance than that of public health, and that, in order that Canada may not be behind other countries in this important matter, it is most desirable that both the Dominion and Provincial Governments should, with as little delay as possible, legislate and provide means for the better promotion of the public health throughout this Dominion, and that the General Secretary furnish a copy of this resolution to the Secretary of State." *Carried*

The Treasurer's report was then read, and Drs. Henderson and Buller were named Auditors.

Dr. Marsden, as Chairman of the Nominating Committee, then reported the following as the officers and Committees for the ensuing year:—

President.....	Dr. Caniff, Toronto.
Gen. Sect.....	" A. H. David, Montreal.
Treasurer.....	" E. Robillard, "
Vice-Prest. for Ontario	" J. A. Mullin.
Secretary " "	" Adam Wright.
Vice-Prest., Quebec....	" G. E. Fenwick.
Secretary " ...	" G. A. Belleau.
Vice-Prest., Nova Scotia	" McNeil Parker.
Secretary " "	" Lawson.
Vice-Prest., N. B.....	" J. Christie.
Secretary "	" P. Inches.

Halifax to be the next place of meeting, and the meeting to be held on the first Wednesday of August, 1881.

Committee of Arrangements.—Hon. Dr. Parker, Dr. Wickwire and Dr. Jennings, all of Halifax, with power to add two members.

Committee of Publication.—Drs. Zimmerman, Toronto; Osler, Montreal; Campbell (F. W.), Montreal, with the General Secretary and Treasurer.

Committee on Medicine.—Drs. A. P. Ried, Halifax; T. D. Holmes, Chatham, Ont.; Taylor, St. John, N. B.

Committee on Surgery.—Drs. Farrell, Halifax; Sullivan, Kingston; Brunel, Montreal.

Committee on Obstetrics.—Drs. J. S. Ross, Tronto; R. S. Black, Halifax; Henderson, Ottawa.

Committee on Therapeutics.—Drs. James Stewart, Brucefield, Ont.; Dickson, Pembroke, Ont.; Bray, Chatham, Ont.

Committee on Necrology.—Drs. E. P. Lachapelle, Montreal; S. Z. Earle, St. John, N. B.; J. Fulton, Toronto.

Committee on Education.—Drs. Bayard, St. John, N. B.; Robillard, Ottawa; Pickup, Brockville.

Committee on Climatology and Epidemic Diseases.—Drs. Playter, Toronto; Oldright, Toronto; Larocque, Montreal; Alison, St. John, N. B.; Jennings, Halifax.

Committee on Ethics.—Drs. McDonald, Hamilton; Hingston, Montreal; Robillard, Montreal; Parker, Halifax; Grant, Ottawa; Botsford, St. John, N. B.; Prévost, Ottawa; D. Clark, Toronto; Osler, Montreal; Sweetland, Ottawa.

The Nominating Committee recommend that the President shall exercise his discretion in appointing delegates to any sister scientific associations.

Dr. Hill moved, seconded by Dr. Marsden, "That the thanks of this Association be tendered the Speaker of the House of Commons for the use of the Rooms during the *séance* of the Association." *Carried unanimously.*

Moved by Dr. Botsford, seconded by Dr. Hill, "That the usual honorarium be paid the General Secretary, and the expenses of the Treasurer be allowed that officer, and that the best thanks of the Association be tendered both these gentlemen." *Carried.*

It was then moved by Dr. Mullin, seconded by Dr. Caniff, "That a general certificate be issued by the General Secretary to enable members of the profession to have the advantage of the reduction of rates in travelling enjoyed by members of the Association, and that such certificate be supplied through the Local Secretaries to the Secretaries of all Medical Societies," which was agreed to.

On the motion of Dr. Marsden, seconded by Dr. McDonald, a vote of thanks was accorded to the Grand Trunk and Quebec, Montreal, Ottawa and Occidental Railroads, and to the Ottawa River Navigation Company, for their kindness in reducing the fare of members attending the meeting.

Dr. Botsford then moved that the President leave the chair, and Dr. Caniff be requested to take it; when Dr. Grant moved, seconded by Dr. Botsford, "That a cordial vote of thanks be accorded to our past President for the able manner in which he has presided during our deliberations, and for his admirable and well-timed address," which motion was carried with acclamation.

Dr. Caniff having conveyed the thanks of the Association to Dr. Howard, that gentleman replied.

The auditors reported having examined the books and vouchers of the Treasurer, and found all correct.

The meeting then adjourned at 6.30.

MARRIED.

On Sept. 2nd, at Erskine Church, by the Rev. J. S. Black, assisted by the Rev. Dr. Cranston, of New York, Dr. Jas. Cameron to Miss Lizzie Dakers, daughter of Jas. Dakers, Esq., Secretary of the Montreal Telegraph Co.

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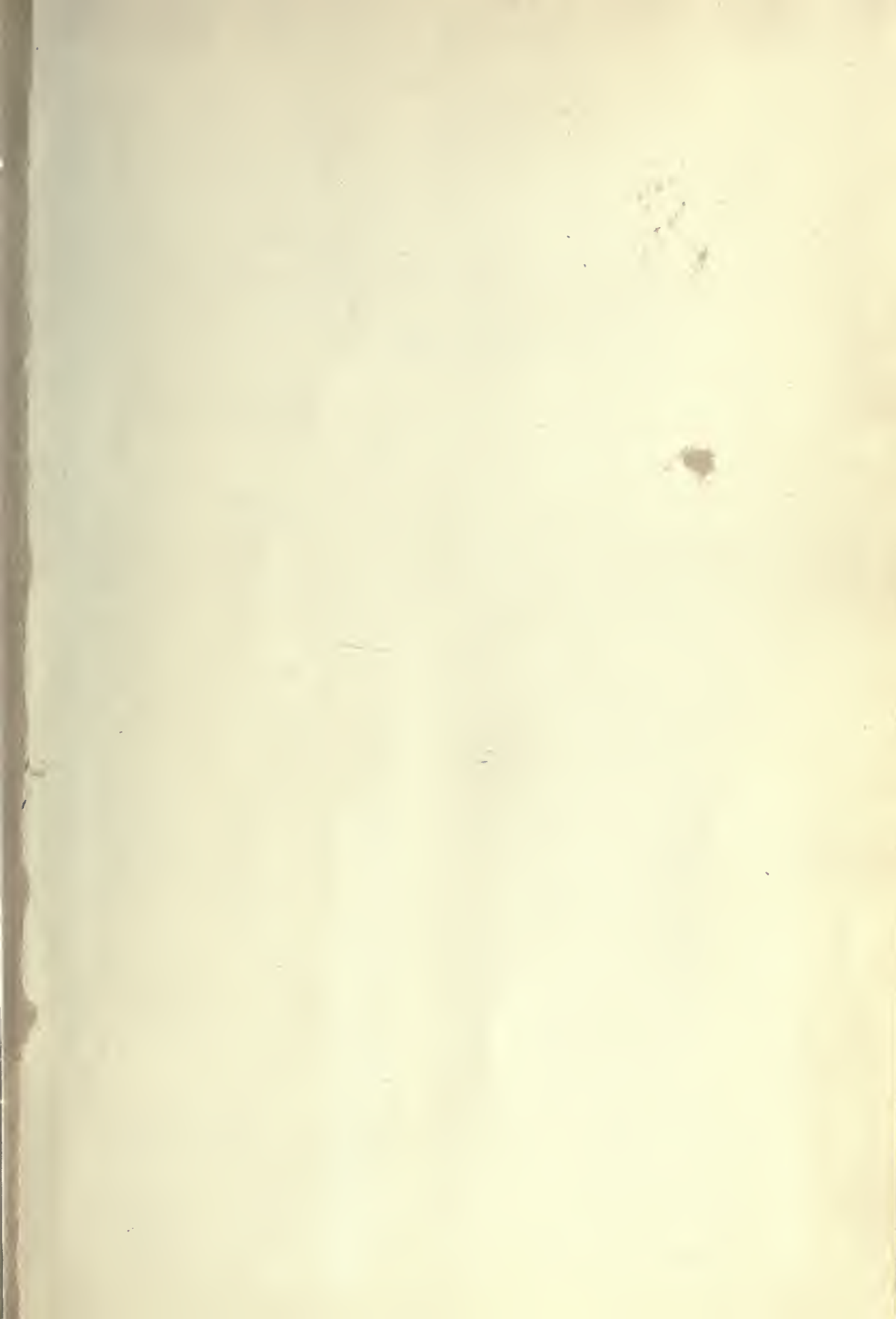
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